



WAKE COUNTY

**Community
Health Needs
Assessment**

April 2022

Dear Wake County Residents,

Wake County was ranked 2021's healthiest county in North Carolina by the County Health Rankings & Roadmaps Program and is consistently ranked as one of the best places to live, work, play and learn in our country. This success is largely due to the collaborative efforts of various partners, including those involved in the development of this Community Health Needs Assessment and the residents of Wake County.

Every three years, Wake County conducts a Community Health Needs Assessment (CHNA) to identify areas of need within the county. It is influenced by the social and economic determinants of health, like behavioral, physical and environmental health, and the differences in geography and demographics throughout Wake County.

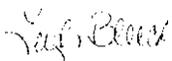
The CHNA that follows has been developed through the collaborative efforts of Live Well Wake's lead organizations which include Wake County Health & Human Services, Duke Raleigh Hospital, North Carolina Institute for Public Health, WakeMed Health & Hospitals, UNC REX Healthcare, Alliance Health, Citrix, United Way, Wake County Medical Society Community Health Foundation and Advance Community Health. Additional input and support were provided by the dozens of organizations and community partners represented on the CHNA Steering Committee. Most importantly, completion of the CHNA process would not be possible without input provided by our residents.

The first step of the assessment was to collect and analyze existing statistical data. Second, the report was informed by input from organizations and the community at large. Surveys, focus groups and prioritization meetings allowed the CHNA team to identify priority areas of need and related resources. The data analysis and community input comprise this report. Overall, we hope that the information in this report will help guide decisions to make Wake County an even healthier community.

While the report is done, the work is far from over. Action plans and strategies to address the identified priority areas will be developed through the continued efforts of Live Well Wake, our partners and, most importantly, community residents.

We hope that you will join us as we strive to make Wake County an even healthier community for generations to come.

With best regards,



Leigh Bleeker
Duke Raleigh Hospital



Ashton Smith
Citrix



Sig Hutchinson
Wake County Board of
Commissioner

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ACKNOWLEDGEMENTS

Community Health Needs Assessment Coordinating Team

The Coordinating Team met bi-weekly to coordinate day-to-day tasks related to the Community Health Needs Assessment (CHNA) process:

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Live Well Wake Advisory Team

The Live Well Wake Advisory Team (LWWAT) met monthly to receive updates from the coordinating team and make collaborative decisions throughout the CHNA process.

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Live Well Wake Lead Organizations



Steering Committee

The Steering Committee met quarterly throughout the assessment process to provide input on survey questions, determine focus group audiences, promote participation in CHNA activities, review data, and prioritize topics. Live Well Wake Advisory Team members (listed above) were also included in the Steering Committee.

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Ross Yeager	Wake County Health & Human Services

North Carolina Institute for Public Health

The Live Well Wake Advisory Team contracted with the North Carolina Institute for Public Health (NCIPH) at the University of North Carolina-Chapel Hill to facilitate the Community Health Needs Assessment process and report writing. The following report was drafted by the NCIPH team and reviewed by LWWAT and Steering Committee members. NCIPH team members contributing to this Community Health Needs Assessment listed below, report authors denoted with an asterisk.

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Photography Acknowledgement

Wake County photos used throughout the report were provided by Wake County Communications Office.

EXECUTIVE SUMMARY

Purpose of the Community Health Needs Assessment

The purpose of a community health needs assessment (CHNA) is to collect and use data to identify community assets and priorities that can improve community health and wellbeing. By identifying these priorities with broad community input, local leaders can collaborate and leverage shared resources and expertise to act.

This assessment process was led by [Live Well Wake](#) working to fulfill the vision:

*Every Wake County resident, regardless of background or neighborhood, deserves an equal opportunity to achieve optimal health and well-being.*¹

Participation and Community Engagement

Members of the Live Well Wake collaborative and CHNA Steering Committee represent community leaders in public, private, and nonprofit sectors. Participating members and affiliations are listed in the acknowledgements section. Throughout the 2022 process the Live Well Wake team made collaborative decisions related to assessment methods, data interpretation, and prioritization. Wake County residents who are not members of the collaborative participated in the process through the community health opinion survey, focus groups, and individual prioritization voting. Live Well Wake will continue building collaboration through improvement planning.



Figure 1 - Youth at Oakview, Photo Credit: Wake County Communications Office

Live Well Wake contracted with the North Carolina Institute for Public Health (NCIPH) to lead data collection, analysis, and written report components of the assessment. NCIPH created a data dashboard to display on the Live Well Wake website (www.livewellwake.org) to transparently share data that informed the CHNA process.

Process

The Live Well Wake team worked from June 2021 through April of 2022 to plan, collect and analyze data, prioritize, and finalize this report. The 2022 Wake CHNA



Live Well Wake is a collaborative that formed as a result of the 2019 Community Health Needs Assessment and Population Health Task Force initiative. It convenes a large and diverse group of members including county agencies, health care systems, and community-based organizations and establishes cross-sector collaboration among agencies and organizations serving Wake County. Individual and organizational representation in Live Well Wake is described in the acknowledgement section of this report.

Learn more about the work of Live Well Wake and how you can get involved at livewellwake.org

followed an eight-phase process developed by NCIPH and informed by the County Health Rankings Model, emphasizing how policies and programs influence a variety of health factors which lead to health outcomes.² The process included collecting new data through a community health opinion survey and focus groups and reviewing existing, secondary data. Secondary data was collected on national (U.S. Census Bureaus) and state (NC Center for Health Statistics) levels. The COVID-19 pandemic required some data collection methods to be adapted.

Comparisons & Findings

New and existing data were analyzed and presented in an interactive dashboard alongside peer county and state data for comparison. Data were presented to and discussed by the LWWAT on January 21, 2022 and February 18, 2022 and to the Steering Committee on March 15, 2022 prior to determining priorities.

People living in Wake County, on average, experience better health outcomes and living conditions than in peer counties and the state on many indicators. The improvements that have been made in the areas of health insurance access (uninsured dropped from 15.5% in 2010 to 10.1% in 2019),³ cancer mortality (rate decreased from 153.4 to 134.6 per 100,000 population for the five-year periods ending 2014 and 2019 respectively),⁴ and incarceration (decreased 46% from 2000 to 2020)⁵ can be celebrated.

However, concerning trends and disparities in outcomes highlight work that is yet to be done. Affordable housing remains a challenge with 43.2% of renters paying more than 30% of their income on rent in 2019,² and data from the Community Health Opinion Survey and focus groups suggests that the problem has only increased in the past three years. African American/Black community members experience homelessness at a rate that is more than seventeen times that of the White community members, and women have a higher rate than men.⁶ African American/Black people in Wake County have higher mortality rates than their White and Asian counterparts,⁴ and the disparity in infant mortality increased between 2018 and 2019. In 2019, African American babies died at a rate of 13 out of every 1,000 live births compared to 2.5 White babies.⁶ While most racial groups' cancer mortality has been decreasing in recent years, it has been increasing for Hispanic/Latinx community members.⁴ In both the Community Health Opinion Survey and the focus groups, participants highlighted mental health as a top area of community concern, and that mental health resources are not accessible to everyone in Wake County.

Prioritization

Community members were invited to review the data dashboard and vote on priorities online. Voting was open from February 25 through March 9, 2022, and 950 people participated. The Steering Committee then met to review data alongside community prioritization voting results, discuss, and decide through a collective voting process which topics to prioritize for 2022-2025. The selected priorities match the top priorities from the community voting process and include:

Affordable
Housing &
Homelessness

Access to
Healthcare

Mental Health

Next Steps

The next and final step in the CHNA process is to develop community-based health improvement strategies and action plans to address the three priorities identified for Wake County in this assessment. The CHNA partners will be reaching out to invite members of the community and community organizations to a community action planning meeting to discuss the best ways to address these priorities. The most effective strategies will be those that have the collaborative support of community organizations and residents.

We strongly encourage you to get involved! Ways to get involved include:

- Checking the <http://www.livewellwake.org> website for the date, time, and location of CHNA strategy and action planning meetings.
- Plan to attend the community action planning meetings
- Encourage your family, neighbors, co-workers, and community organizations to read the CHNA and get involved in the planning process as well.

¹ About Us. Live Well Wake. Retrieved from <https://livewellwake.org/>

² County Health Rankings Model. County Health Rankings and Roadmaps. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

³ U.S. Census Bureau. Small Area Health Insurance Estimates (SAHIE).

⁴ NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.

⁵ NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from Department of Public Safety, Research and Planning, Automated System Query, Prison Population, 2000 - present.

⁶ NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 1 year data.

COVID CONTEXT

In December 2019, an emergent virus, SARS-CoV-2, was first detected in Wuhan, China and quickly spread internationally. Commonly termed COVID-19, the virus caused respiratory illness and was declared a pandemic on March 11, 2020, by the World Health Organization. A few days following this announcement, on March 13, 2020, the United States declared the COVID-19 pandemic a national emergency and effectively went into lockdown to contain the spread of the virus. In North Carolina, Governor Roy Cooper issued a stay-at-home order on March 27, 2020, due to the rampant spread of COVID-19 in the state; this stay-at-home order encompassed Wake County. As of April 9, 2022, the COVID-19 pandemic infected at least 2.6 million North Carolinians, with at least 290,399 positive cases and over 1,050 deaths confirmed in Wake County.¹ Figure 1 shows the COVID-19 case timeline in Wake County². In addition to the loss of life in our county, the pandemic has impacted healthcare and social service delivery, community cohesion, as well as our process for conducting community health needs assessments.

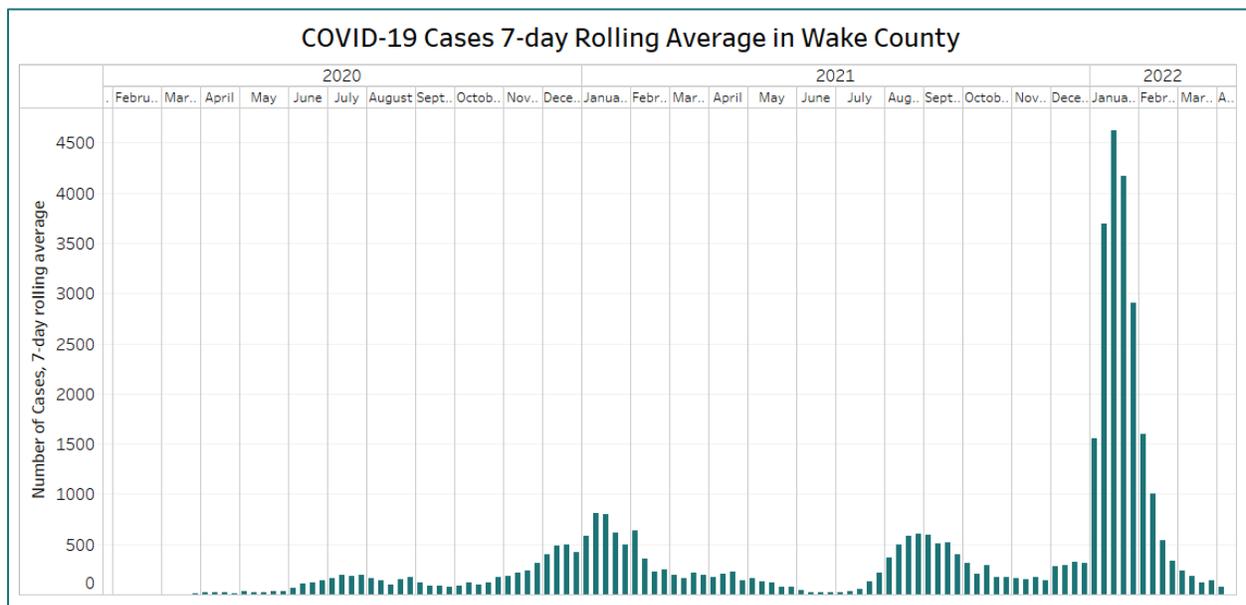


Figure 2 Timeline of COVID-19 Cases and Deaths in Wake County

Community Engagement During COVID

Community engagement is a critical piece of the community health needs assessment process, beginning with the formation of a steering group made up of representatives from local public health, social service, and community-based organizations. While groups have still been able to be convened virtually, the relationship-building and networking that occurs spontaneously during in-person convenings is difficult to replicate in the virtual space. Additionally, the continued demands on everyone’s time and energy during the pandemic have limited the participation of steering group members. Fortunately, because of the unique collaborative structure of the assessment work in Wake County, the LWWAT could leverage existing relationships in the community to draw on for support in the virtual environment throughout the process.

Another component of community engagement happens in convening focus groups. Focus groups, and qualitative data collection broadly, are essential for bringing the voices and lived experiences of those most affected by health inequities to the attention of decision-makers and those designing and

implementing public health and social service programs. Qualitative data provides context and insight that is often missed by survey and secondary data. Outreach to communities for focus groups was somewhat limited by the general excess demands on everyone's time coupled with fewer benefits of participating in person. Convening a group around a meal was no longer an option as was typical in the past. Participants may have been hesitant to convene indoors with people outside their households. The timing of the spread of the Omicron variant also created challenges when conducting in-person meetings, which led to a decision to conduct virtual focus group sessions. Virtual focus groups require internet access and a computer or mobile device which may have led to scheduling and participation hurdles and limitations to collecting this essential form of data.

We have also seen these effects play out in representation of community voice in survey data collection. Prior to the COVID-19 pandemic, counties across the state sometimes employed door-to-door canvassing to collect responses to the Community Health Opinion Survey (CHOS); this surveying method assures that data included represents voices across the county, with survey respondent demographics closely mimicking US Census demographics of the county. Door-to-door surveys are a valuable tool for collecting data and a standard practice used to increase community engagement. Adapting to the measures taken to slow the spread of COVID-19 made door-to-door surveying difficult, surveying for this CHNA relied on a modified method of inviting people living in Wake County to complete the survey online. Postcards with the survey URL and a QR code were mailed to households included in the random sample and the survey link was distributed through various community networks to promote an additional convenience sample; detailed descriptions of the survey methods are included in Chapter 3. This shift from in-person to online survey collection resulted in low response rates, sometimes lower than 5%, and restricted the community from seeing the faces behind the CHNA process. Besides low participation, responses to online surveys have tended to be heavily skewed towards White women with higher incomes and higher levels of education than the general population.

COVID Effect on Secondary Data

Beyond the impacts of COVID-19 on in-person meetings and data collection, secondary data collection was also affected. Data from surveillance systems and national surveys is often available on a delay, so for some measures the most recent data available is for 2017, or 2019, or 2021. This is a limitation normally, but especially during COVID-19, as we seek to measure its impact on our communities. Average life expectancy reported in 2019 will not yet reflect the significant loss of life due to the pandemic. Similarly, data for 2020 and 2021 should be considered within the context of COVID-19. For example, data on emergency room visits will not reflect the individuals who needed services but avoided seeking care due to risk of exposure to the virus. Due to these limitations, the data presented in this report will not be comprehensive. However, it does provide us with a point of reference for tracking social, economic, and health indicators in our county.

¹ North Carolina COVID-19 Dashboard. NCDHHS.gov. Retrieved April 17, 2022, from <https://covid19.ncdhhs.gov/dashboard>

² Wake County, North Carolina. COVID Data Tracker. Centers for Disease Control and Prevention. Retrieved from https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=North+Carolina&data-type=CommunityLevels&null=CommunityLevels&list_select_county=37183

CHAPTER 1: INTRODUCTION

Community Health Needs Assessment Overview

A Community Health Needs Assessment seeks to identify underserved populations and unmet needs of a community and guide stakeholders towards prioritizing available resources to meet these needs. It is a systematic process for evaluating the overall health of a community, the factors that contribute to the community's health and well-being, and the resources that are needed and available to address these factors. The process works to identify trends and compares county status to both peer counties and the state to determine problem areas and available assets to address them. Based on demographic similarity, Mecklenburg County, North Carolina (Charlotte, county seat) and Travis County, Texas (Austin, county seat) were selected as peers to Wake County in this CHNA.

A needs assessment collects information and data on the county from three main sources: secondary data, primary data, and community input. Secondary data are gathered from existing repositories for the assessment county as well as peer counties and the state of North Carolina to allow comparison between trends. Primary data are gathered from the county itself through a mixed methods approach of quantitative and qualitative data. The findings from the data are then presented back to the community at large and community stakeholders for input on how the data compare to or reflect their experience of living in the county. Assessment leadership then determines priorities and writes action plans to address the needs identified through the assessment process. This process is further outlined in Figure 3.



Figure 3 – Community Health Needs Assessment Phases. Image credit: North Carolina Institute for Public Health

The North Carolina Health Department accreditation process and the Division of Public Health-Local Health Department Consolidated Agreement require health departments to complete a Community Health Assessment on a four-year cycle.¹ The Internal Revenue Service requires not-for-profit hospitals to complete a Community Health Needs Assessment every three years.² Live Well Wake completes a joint

CHNA process throughout Wake County every three years to satisfy requirements for Duke Raleigh Hospital & Duke Health, UNC REX Healthcare, WakeMed Health & Hospitals, Wake County Health & Human Services, Advance Community Health, Alliance Health, United Way of the Greater Triangle, Wake County Medical Society Community Health Foundation, and Youth Thrive.

Collaboration

A Community Health Needs Assessment Coordinating Team comprised of employees from Wake County Health and Human Services Department, Duke Raleigh Hospital, and the North Carolina Institute for Public Health worked closely together throughout the process to coordinate day-to-day activities related to the CHNA. The Live Well Wake Advisory team met monthly to make collaborative decisions on the CHNA, and a Steering Committee of representatives from local and county-wide leadership, public agencies, nonprofits, healthcare organizations, and other sectors met quarterly to provide additional support.

2019 Implementation Strategies and Actions Plans

To begin evaluating strengths and areas for improvement for a Community Health Needs Assessment, the strategies and action plans put in place from the previous CHNA must first be evaluated. Live Well Wake last completed a CHNA in 2019 and identified five key priority areas.³ These priority areas are as follows:

Priority 1: Transportation Options and Transit

Priority 2: Employment

Priority 3: Access to Care

Priority 4: Mental Health/Substance Use Disorders

Priority 5: Housing and Homelessness

In alignment with these priority areas, Live Well Wake selected ten population indicators to track across time (see right panel).³

While the onset of the global COVID-19 pandemic and the typical data lag of 3 years for many data sources make it difficult to evaluate Wake County's progress on its chosen indicators, several process metrics can be used to show progress. In 2020, Live Well Wake launched its efforts by building its infrastructure, including aligning resources, increasing strategic coordination among partners, and identifying shared data metrics. Seven workgroups centered around the priorities identified in



1. **Poverty:** *Decrease the number of people living 200% below federal poverty level*
2. **Unemployment:** *Decrease the percentage of unemployed adults*
3. **Housing Cost Burden:** *Decrease the percentage of residents spending more than 1/3 of income on housing*
4. **Drug Overdose Deaths:** *Decrease the number of deaths as a result of drug poisoning*
5. **Suicide Rate:** *Reduce deaths attributable to self-harm*
6. **Uninsured:** *Decrease the percentage of residents under age 65 without health insurance*
7. **Preventable Emergency Room Visits:** *Decrease emergency visits with a principal diagnosis related to mental health, alcohol, or substance abuse*
8. **Infant Mortality:** *Decrease rate of infant deaths before year one*
9. **Life Expectancy:** *Increase the average number of years of life a person can expect to live*
10. **Access to Public Transportation:** *Increase the percentage of residents with access to public transportation*

the CHNA plus “familiar faces” and “vulnerable populations” commenced work. The workgroups convened representatives from relevant organizations and policy-making groups to address existing and emerging issues. Across workgroups, new partnerships were formed and connections deepened across the community.⁴

In the area of housing and homelessness, community health improvement plans were shifted to focus on mitigating the impacts of COVID-19 on homelessness in the county by implementing the House Wake! Plan. Coordinating federal, state, and local funding, House Wake! provided \$1 million in grants to organizations providing emergency shelters, street outreach, rapid rehousing, and homeless management information system administration. Additionally, House Wake! Coordinated “Healthy Hotels,” an initiative to provide safe places for people experiencing homelessness during the stay-at-home orders.⁴⁴

In an initiative aimed at providing support to “Familiar Faces,” people with complex health and social service needs who have frequent contact with crisis service providers, the Familiar Faces workgroup was awarded a \$540,000 grant from the Robert Wood Johnson Foundation Clinical Scholars Program. Two pilot programs were launched to improve systems and efficiency and reduce suffering: Bridge Housing, which includes supportive housing for people with complex health needs, and the Heat and Eat Meal Program, which provides meals to people with severe mental illness or people living unsheltered to provide healthy nutrition and build trust and access to resources.⁴⁴

Equity was also identified as an additional area for concerted effort in 2020. The Live Well Wake team defined what equity would encompass in their work, identified needed racial equity trainings, developed an Equity Matrix Tool to guide new work, and highlighted the value of including and amplifying the voices of those with lived experience in the work of the team.⁴⁴

The goal of the report that follows is to illuminate the health needs of the Wake County community. As has been demonstrated by the county’s and the Live Well Wake team’s ability to mobilize and make strategic progress during the COVID-19 public health crisis, Wake County has a strong foundation upon which to work together to solve the challenges ahead.

¹ Health Department Self Assessment Instrument 2022, Activity 1.1. North Carolina Local Health Department Accreditation Program. <https://nclhdaccreditation.unc.edu/hdsai>

² Community Health Needs Assessment for Charitable Hospital Organizations – Section 501(r)(3). (2021). Internal Revenue Service. Retrieved from <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

³ Community Health Improvement Plan 2020-2023. Live Well Wake. Retrieved from [Community-Health-Improvement-Plan.pdf \(livewellwake.org\)](https://www.livewellwake.org/Community-Health-Improvement-Plan.pdf)

⁴ Wake County Department of Health and Human Services. (2020). *State of the County’s Health Report*.

CHAPTER 2: DISTRICT PROFILE

History

Wake County was founded in 1771 from parts of Johnston, Cumberland, and Orange counties. In 1771, the county seat was established under the name Wake County Courthouse, which was later changed to Raleigh when the city became the capital of North Carolina in 1792.¹ The land that is now called Wake County existed in between and was used by several large native communities, including the Tuscarora, the Catawba, and the Siouan.² Wake is now home of the Triangle Native American Society, a state-recognized Urban Indian Organization seeking to “promote and protect the Native American identity in the Triangle area”.³

Raleigh is the county seat and the most populous municipality in Wake County. With a population over one million persons, Wake County recently became the most populous county in the state. In 2021, Raleigh, along with Durham, was ranked as the number two place to live in the country by U.S. News and World Report.⁴

Wake County is home to multiple colleges and universities – North Carolina State University, Peace University, Shaw University, Saint Augustine’s College, Meredith College, Wake Technical Community College, and Campbell Law School. The county is also home to the state government, and many other large businesses and corporations are located in Research Triangle Park between Wake and Durham Counties.⁵

Geography

Wake County is located centrally in the state in the Piedmont region and covers about 835.22 square miles. The county is neighbored by Chatham, Durham, Franklin, Granville, Harnett, and Johnston counties. There are various bodies of water within the county including the Neuse River.

Wake County covers both urban and rural living. The county is arranged into eight service zones (Figure 3) and is home to the following twelve municipalities: Apex, Cary, Fuquay-Varina, Garner, Holly Springs, Knightdale, Morrisville, Raleigh, Rolesville, Wake Forest, Wendell, and Zebulon.

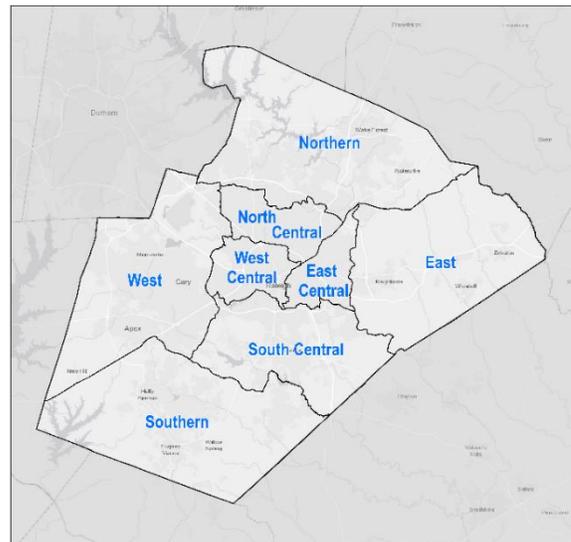


Figure 4 – Map of Wake County Service Zones

The eight service zones in Wake County have variations in demographic composition and health needs.

Advance Community Health is the Federally Qualified Health Center that primarily serves Wake County. Since 1972, Advance Community Health has provided care for more than 26,000 patients. There are locations in Raleigh, Cary, Apex, Louisburg, and Fuquay-Varina.

Demographics and Population Trends

The population of Wake County according to the 2020 U.S. Census is 1,129,410. Wake is the most populous county in North Carolina followed by Mecklenburg County with a population of 1,115,482.⁶ In this section, some comparisons are made to Mecklenburg and the state of North Carolina to set the stage for later comparisons during the assessment section. The population of Wake County is growing rapidly, with a population of 633,333 in 2000 and a projected population of 1,730,067 projected for 2050. This growth is similar to Mecklenburg County with a 2000 population of 701,061 and a projected 2050 population of 1,750,085.⁷

In Wake County, the percentage of the total population represented by the urban population is 93.9% as of the 2010 Decennial Census, with only 6.1% represented by the rural population.⁸ Wake County's rural population is slightly higher than Mecklenburg. The population density in Wake County has increased from 1,078 persons per square mile in 2010 to 1,352 persons per square mile in 2020.^{8,6}



Figure 5 - Images from Leesville Library and Harris Lake, Photo Credit: Wake County Communications Office

There are a higher percentage of females (51.4%) living in Wake County than males (48.6%).⁹ Most of the population in Wake County is between the ages of 25-64 with 29.6% of the population being between the ages of 25 to 44 and 25.9% between the ages of 45-64. 23.6% of the population is under the age of 18 years and 12.0% of the population is 65 years of age or older.⁹ The Wake County population 65 years of age or older is projected to grow to 20.9% by 2050.¹⁰ The birth rate in Wake County has decreased slightly from an average of 15.2 per 1000 for the years 2006-2010 to 11.9 per 1000 for years 2015-2019.¹¹ The life expectancy in Wake is 82 years, which is higher than the state life expectancy of 78 years. Life expectancies are higher for White and Female populations at 83 and 84 years, respectively, whereas the African American population has a life expectancy of 78 years and males have a life expectancy of 80 years.¹²

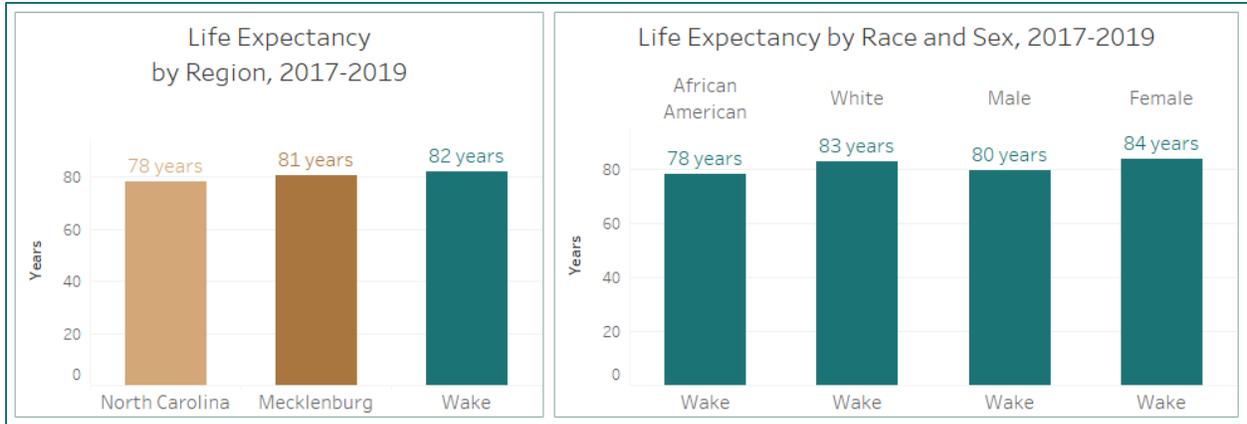


Figure 6 – 2019 Population Indicator #9: Increase the average number of years of life a person can expect to live

In terms of racial and ethnic diversity, 57.1% of the population identifies as White non-Hispanic, 18.1% as Black or African American non-Hispanic, 11.4% as Hispanic or Latino, 8.6% as Asian non-Hispanic, 4.0% as two or more races and non-Hispanic, 0.5% as some other race and non-Hispanic, and 0.2% American Indian and Alaskan Natives non-Hispanic. A larger percentage of Wake County identifies as Asian, non-Hispanic than in the entire state of North Carolina where the percentage is 3.3%. In contrast, Wake is less diverse than Mecklenburg with a larger share of the Mecklenburg population identifying as Black or African American non-Hispanic (29.1%) and Hispanic or Latino (15.2%).¹³

	Wake	Mecklenburg	Travis	North Carolina	Texas
White, non-Hispanic	57.1%	44.7%	47.5%	60.5%	39.7%
Black or African American, non-Hispanic	18.1%	29.1%	7.5%	20.2%	11.8%
Hispanic or Latino of Any Race	11.4%	15.2%	32.6%	10.7%	39.3%
Asian, non-Hispanic	8.6%	6.4%	7.7%	3.3%	5.4%
American Indian and Alaskan Native, non-Hispanic	0.2%	0.2%	0.2%	1.0%	0.3%
Native Hawaiian and Other Pacific Islander, non-Hispanic	0.0%	0.0%	0.1%	0.1%	0.1%
Some Other Race, non-Hispanic	0.5%	0.6%	0.5%	0.4%	0.4%
Two or more races, non-Hispanic	4.0%	3.6%	3.9%	3.9%	3.0%

Figure 7 - Race and Ethnicity Distribution in Wake and Peers

In Wake County, 82.4% of households spoke English only in 2015-2019 estimates.¹⁴ Spanish is the most common household language other than English with 7.6% of households speaking Spanish, followed by other Indo-European languages and Asian and Pacific Island languages. The percentage of households speaking a language other than English is higher in Wake (17.6%) than in North Carolina overall (11.6%).

In Wake County, an estimated 6.3% of the population 18 years of age or older has veteran status, which is less than the state average of 8.4% but higher than the Mecklenburg estimate of 5.9%. A larger percentage of Wake's veterans are in the age range of 35-54 (31.3%) than the state overall (26.0%). However, there is a growing older veteran population with on average 18.8% of veterans being 75+ in 2015-2019 compared to 16.3% in 2011-2015.¹⁵

Wake County's adult population has high educational attainment with 32.9% of the adult population ages 25 and over having a bachelor's degree and 19.9% having a graduate or professional degree. In comparison, 20% of the state population 25 years of age and older have a bachelor's degree and 11.3% have a graduate or professional degree.¹⁶

Economic Context

The North Carolina Department of Commerce designates Wake County as Tier 3 county, which means that it is one of the twenty least distressed counties in the state.¹⁷ Wake County's median household income was \$80,591 between 2015-2019, higher than that of Mecklenburg and North Carolina. Wake County's per capita income was \$40,982 during this same time period.¹⁸

The largest employers in the county as of Quarter 2, 2021 are the Wake County Public School System, NC State University at Raleigh, WakeMed Health & Hospitals, and Amazon Fulfillment Services.¹⁹ The employment sectors with the greatest number of employees are Professional Scientific and Technical Services, Health Care and Social Assistance, and Retail Trade. Average weekly wages are highly variable in the different sectors, ranging from \$619 for Arts, Entertainment, and Recreation and \$665 for Retail Trade on the lower end to \$2137 for Management of Companies and Enterprises and \$2141 for Information at the upper end.²⁰ In 2020, Wake County saw an increase in unemployment aligning with the beginning of the COVID-19 pandemic, going from 3.3% in 2019 to 6.4% in 2020.²¹ Considering Wake County's population size, that means about 35,000 additional people were unemployed in 2020 compared to 2019.

Wake County Economic Development, a program of the Raleigh Chamber of Commerce, is working with Wake County government to promote equitable economic development in the county through targeted support and business incentives for investing in areas of high social vulnerability.²²

¹ Powell, W.S. (2006) Encyclopedia of North Carolina. University of North Carolina Press. Retrieved from <https://www.ncpedia.org/geography/wake>

² Tauss, L. (2020) Raleigh Finally Pays Due to Indigenous People in a Dix Park Ceremony. Indy Week. Retrieved from <https://indyweek.com/news/wake/dix-park-native-land-acknowledgment/>

³ Triangle Native American Society. Retrieved from <https://www.trianglenative.org/>

⁴ Best Places to Live 2021-2022: Raleigh and Durham, North Carolina. (2021). U.S. News and World Report. Retrieved from <https://realestate.usnews.com/places/north-carolina/raleigh-durham>

⁵ Powell, W.S. (2006) Encyclopedia of North Carolina. University of North Carolina Press. Retrieved from <https://www.ncpedia.org/geography/wake>

⁶ U.S. Census Bureau. 2020 Decennial Census.

⁷ NC Office of State Budget and Management, County/State Population Projections.

⁸ U.S. Census Bureau. 2010 Decennial Census: Percent Urban and rural in 2010 by State and County

⁹ U.S. Census Bureau, Population Estimates Program, 2019

¹⁰ NC Office of State Budget and Management, County/State Population Projections

¹¹ NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book.

¹² NC Department of Health and Human Services, North Carolina State Center for Health Statistics

- ¹³ U.S. Census Bureau. 2020 Decennial Census: Table P2
- ¹⁴ U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table C16002.
- ¹⁵ U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2101.
- ¹⁶ U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1501
- ¹⁷ NC Department of Commerce. County Distress Rankings. Retrieved from <https://www.nccommerce.com/grants-incentives/county-distress-rankings-tiers>
- ¹⁸ U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP03.
- ¹⁹ North Carolina Department of Commerce, Labor & Economic Analysis, Quarterly Census of Employment and Wages Largest Employers. Download is for Quarter 2, 2021.
- ²⁰ North Carolina Department of Commerce, Labor & Economic Analysis, Quarterly Census of Employment and Wages. Download is for year=2020 and period=annual.
- ²¹ North Carolina Department of Commerce, Labor & Economic Analysis, Local Area Unemployment Statistics. Download period = Annual Average.
- ²² Equitable Economic Development (2021). Wake County Economic Development. Retrieved from <https://raleigh-wake.org/business-advantages/equitable-economic-development>

CHAPTER 3: METHODS

Community Engagement

The North Carolina Institute for Public Health worked with the Live Well Wake Collaborative to facilitate multiple opportunities for community engagement throughout the assessment including during planning, data collection, and prioritization. Engagement through the Live Well Wake collaborative provided an opportunity for member organizations to share information and opportunities for participation among diverse communities within Wake County. Additional action was taken by the steering committee members to promote engagement during prioritization, through direct outreach to medically underserved, low-income, and minority communities and those who were underrepresented as polling was ongoing.

Live Well Wake served as a convening organization gathering participation and disseminating information to the community. A steering committee guided assessment activities, representatives met regularly between June 2021 and April 2022 a total of four times to discuss assessment strategy, review data, and identify priorities (steering committee invitation and meeting agendas are provided in Appendix 1). Live Well Wake conducted outreach to youth in Wake County, a typically underrepresented group, through a Story Series pilot project. The results of the pilot were shared with NCIPH and incorporated into the analysis and prioritization process.

Community engagement in the assessment process is essential to ensure that the identified priorities are representative of community need. Community input was solicited in several ways: The Community

Youth Engagement: Storytelling Series Pilot

The Live Well Wake Collaborative launched the Youth Storytelling Series pilot project in January 2022. A Co-design team of youth service and care providers partnered to create a photovoice-inspired process. 33 youth were recruited through a partnership with Duke-Raleigh Hospital and from community advertising at Leesville Road High School. Youth were between ages 14 and 17. Youth were invited to an orientation, and two discussion meetings, 22 youth attended orientation, and 18 participated in all meetings. Youth were presented with 2 prompts: *“What causes some people in your community to experience worse health than others?”* and *“What do healthy communities look like?”* Youth were given the prompt and almost two weeks to take photos in response to the prompts. The group assembled on January 22nd and February 5th to discuss the photos. Results of this discussion were thematized by the co-design team and presented to the Steering Committee during the prioritization meeting. The photographs and themes are incorporated throughout this CHNA report. Live Well Wake is exploring how it might continue this youth engagement effort beyond the assessment process.

Health Opinion Survey (CHOS), captured the input of 1073 Wake County residents. In addition, 6 focus groups were conducted with residents to gain an understanding of the stories and experiences of county residents in specific geographic areas and on specific topics of interest determined by the steering committee and informed by the previous health assessment. Two key informant interviews were attempted but were unsuccessful due to scheduling issues. After initial data collection and analysis, community members were invited to participate in a prioritization survey where they were asked to select the most pressing challenge from a set of data-informed options. Finally, the Live Well Wake steering committee participated in a data walk and prioritization voting activity to determine the final priorities for this CHNA.

Data Collection and Comparisons

The CHNA process involves collecting data about the community’s health from both primary and secondary data sources. Primary data includes data that is collected directly from the community for this process. In this case, primary data collection included the CHOS and prioritization surveys as well as focus group data. Secondary data is data that was already gathered by existing sources, for instance, statistics from the U.S. Census Bureau and the State Center for Health Statistics.

CHOS Survey Methodology

NCIPH employed a stratified random sample for the CHOS survey using tax parcel data from September 2021. Initially, 2,000 addresses were randomly selected, with households in each of the eight service zones having an equal chance of selection. An additional 1,000 addresses were randomly selected from service zones that were identified as being home to a higher proportion of marginalized populations and areas where previous survey efforts in 2019 received a lower response. A total of 3,000 addresses were selected to receive the CHOS. Postcards with instructions in English and Spanish, a QR code, and web address were sent to these selected addresses (see Figure 4). Residents received four separate postcards with prompts to complete the survey. The CHOS was administered as an online survey which could be taken on a mobile phone or computer.



Figure 4 - CHOS Postcard Image

Residents received four separate postcards with prompts to complete the survey. The CHOS was administered as an online survey which could be taken on a mobile phone or computer.

NCIPH used the Qualtrics survey platform. Participants who took the survey were entered into a pool and three individuals were randomly selected to receive a \$25 gift card. The survey was about 37 questions long respondents were asked about their personal experiences, opinions, and needs related to health in the county. Survey questions aligned with social determinants of health: Access to Care, Community Cohesion, Disease Illness and Injury, Economic Opportunity, Health Behaviors, Housing, Lifelong Development (education, childcare and aging), Mental Health and Substance Use, Neighborhood and

Physical Environment, Reproductive and Child Health, and Safety. The survey collected demographic information to facilitate disaggregation. The CHOS was available in Spanish, French, Arabic, Mandarin, Vietnamese, and English, languages identified by Wake County Public Schools as prominent in the county. The first batch of post cards inviting randomly selected households to take the survey was mailed out on October 27, 2021. The Steering



Figure 5 - Introduction Page to the CHOS

Committee began sharing the link to the survey with the broader community (convenience sample) on Monday, November 8. The team adjusted the survey close date to accommodate additional responses, accepting final responses on January 5, 2022. A total of 1073 eligible residents began the survey; 120 of those residents were from the random sample. The full CHOS survey instrument can be found in Appendix 2 and additional information on the sampling methodology, as well as the full survey results can be found in Appendix 3.

Survey Methodology Limitations

Survey methodologies are limited as the survey results will only reflect the opinions of people who took part in the survey. The online survey platform limited participation to residents who had access to a smartphone or computer. A small portion of the randomly selected residents who were contacted by postcard participated in the survey. Survey data was weighted based on the probability of being randomly selected, however, due to the small sample sizes data was not weighted based on sociodemographic characteristics. Among all CHOS respondents, there was a higher proportion of residents that identified as women, White, non-Hispanic/Latino, and English-speaking compared to Wake County’s total population. A quarter of responses came from residents living in the Western service zone, compared to only 7.8% of responses came from residents in the East Central service zone, 8.2% from Eastern, and 9.1% from South Central, which further limits the generalizability of the findings. Finally, the survey had to be briefly paused and the Qualtrics links updated due to the detection of bot activity, when 3,445 surveys were submitted in rapid succession. Data from a 48-hour period beginning November 22, 2021 with detected bot activity was excluded from analysis.

Focus Group Methodology

In the fall of 2021, steering committee members and LWWAT representatives selected eight focus group areas which were a combination of priority populations (older adults, Latinx community members, people experiencing homelessness, transit riders), priority topics (mental health, substance use), and priority regions (Southeast Raleigh, Eastern Wake).



**Groups not conducted*

Figure 8: Focus groups selected by steering committee

Ultimately, six semi-structured focus groups were held between January 19 and January 26, 2022. Due to a surge in cases in the ongoing COVID-19 pandemic, focus groups were shifted from in-person to online participation using the Zoom videoconferencing platform, and two groups were cancelled due to limited recruitment success (people experiencing homelessness and transit riders groups). Focus groups ranged between 3-10 participants; a total of 31 people living in Wake County participated in focus groups.

Focus group participants received a \$25 gift card for their participation. Participants were recruited through the Live Well Wake member and steering group networks. One focus group was conducted in Spanish, while the others were conducted in English. Focus groups were recorded for transcription, once transcribed the recordings were deleted. The Spanish focus group was recorded and translated by

professionals at Chicle Language Institute; bilingual NCIPH staff lead the analysis of this group. The NCIPH team conducted thematic analysis using Microsoft Excel. See Appendix 2 for full Focus Group Guide.

Focus Group Methodology Limitations

Focus groups are a valuable resource which provides insight into the stories and experiences of residents. However, when interpreting focus group data, it is important to remember that individual experiences are not representative of the entire population. The online focus group format restricted participation to residents with internet or phone access. Additionally, some focus group opportunities were held during working hours which may have limited participation. While efforts were made to engage populations who speak English and Spanish, we were unable to offer focus group opportunities in other languages. Focus groups provide an opportunity for participants to share their perspectives, yet there is the chance that due to group dynamics and limited time not all members are able to fully contribute. Finally, due to time, resource, and recruitment constraints, this CHNA process was only able to conduct 6 of the intended 8 focus groups. Findings specifically reflect perspectives of the audiences included.

Secondary Data

Secondary data for this CHNA were collected from local, state, and federal agencies. Data was used to understand the current state of health in the county and illustrate trends of access, illness, and deaths over time. Data were also collected to explore the drivers behind health outcomes such as education, economics, and civic participation. Secondary data was collected from sources such as the U.S. Census Bureau and the North Carolina State Center for Health Statistics, among others. Secondary data included data about specific health outcome such as morbidity (illness) and mortality (death), as well as the context which shapes these health outcomes such as the social determinants of health which include but are not limited to access to care, education, the environment, and poverty. One important caveat regarding secondary data is that many data sources report data with a few years of delay, therefore most of the available secondary data has not yet begun to capture the impact of the COVID-19 pandemic which has dramatically shaped the lives of residents of Wake County. The assessment team utilized the most recent data available. A full list of secondary data sources can be found in Appendix 4.

Secondary Data Limitations

Secondary data is a useful tool for understanding community health at the population level. However, limitations to secondary data should be considered. Secondary data can be delayed by a few years due to the need to collect, process and analyze data which is time and resource intensive. Efforts were made to collect the most recent data available, but readers should be aware of a potential lag between what is happening today in the county and the latest available data. Additionally, the COVID-19 pandemic has added to this challenge as data collection and reporting activities may have been impacted resulting in delays and interrupted processes. Secondly, the data presented provides an estimation of the true value in the population, while efforts are made to collect data using tools such as outreach and sampling it is not possible to collect data on every single point of interest for every single resident. The reader should also be aware that results are less stable (reliable) when population numbers are small, for this reason and due to privacy not all data is presented in disaggregated form. Finally, data has been collected by a variety of sources, NCIPH has selected reputable data sources and reviewed methodologies however there is variation in the process and granularity of the data available.

Comparisons

One method of assessment is to compare health outcomes between similar communities to identify patterns or divergences. When possible, data from Wake County was compared to Travis County, TX

(Austin, county seat), and Mecklenburg County, NC (Charlotte, county seat) due to similarities in growth, demographics, population density, and location. The team also compared Wake County data to the targets set in Healthy North Carolina 2030, the state’s community health improvement plan, a roadmap that specifies target areas for health improvement to be reached across the state by 2030.¹

¹ North Carolina Institute of Medicine. Healthy North Carolina 2030: A Path Toward Health. Morrisville, NC: North Carolina Institute of Medicine; 2020. Retrieved from <https://nciom.org/healthy-north-carolina-2030/>

CHAPTER 4: ASSESSMENT FINDINGS

Overview

Data collected from primary and secondary sources were analyzed for this assessment and summarized in eleven data categories, with the community priority areas highlighted in the linked buttons to the right.

While summarizing the data in categories supports understanding and usability of this report, it is with the recognition that the health outcomes and conditions that support or impede health are complex and interrelated. Multiple years of data were analyzed from most secondary data sources, and data trends are described in the assessment findings that follow. Where local data are not robust or unavailable, national trends or population health studies may be referenced to provide context and comparisons.



Comparisons to Healthy NC 2030

The Healthy North Carolina 2030 project is an initiative by the North Carolina Institute of Medicine to serve as the population health improvement plan from 2020 to 2030. This framework includes a set of indicators and targets that provide local health departments as well as the North Carolina Division of Public Health with a set of shared goals to drive activities that support health and well-being across the state.¹ Healthy North Carolina (HNC) 2030 goals are referenced throughout this assessment with a Healthy North Carolina 2030 progress update that indicates whether the particular goal was met (teal), similar to (gray), or not met (red) in Wake County as measured by the most recently available data.



Community Health Opinion Survey Overview

In the 10 weeks that the survey was open, 1,129 individuals visited the survey. Of these, 12 individuals were ineligible to complete the survey due to being less than 18 years old, 32 were ineligible due to not

Survey Participant Eligibility	
Total # Starting Survey	1,129
# Ineligible due to age	12
# Ineligible due to living outside of Wake	32
Total # Eligible	1,085
# Not interested in participating	8
Total Eligible Participants	1,073

living in Wake County, and 8 opted not to participate. In total, 1,073 community members over the age of 18 and living in Wake County decided to begin the Community Health Opinion Survey (CHOS). Of the survey respondents answering demographic questions, 71.7% identified as White, 10.8% as Black, 5.1% as Asian, 3.0% as Multiracial, and 5.4% as Hispanic/Latino. Most of the survey respondents (76.2%) identified as women. Over 80% of respondents supplying demographic information completed at least a bachelor's degree with just over 40% completing at least a

master's degree. In terms of annual household income, 46.2% reported a household income of \$100,000 or more in the past 12 months, 37.6% reported an income of less than \$100,000, and 16.2% either declined to answer or did not know. We examined survey responses across all of Wake County and within each of the eight service zones. Since responses to the survey may differ by socioeconomic status, we also examined responses by highest completed education level (education below master's degree vs master's degree or higher) and total annual household income (less than \$100,000 vs \$100,000 or more).

Most survey respondents agreed that the community in which they live is safe, supportive, and a good place to have and raise children. While across Wake County overall, respondents felt that they could access good healthcare, good educational opportunities, healthy and affordable food, recreation and entertainment opportunities, and transportation, in certain service zones (particularly Eastern and East Central) a greater percentage of people disagreed or strongly disagreed about the availability of these community assets. Overall, only 28.4% of survey respondents agreed or strongly agreed that they could find affordable housing in their community with 46.8% expressing that they could not find affordable housing. Many respondents did not know about the availability of resources for tobacco cessation (49.5%), substance use disorders (48.1%), sexual health (37.9%), youth (25.5%), and mental health (21.7%). 18.6% of respondents were not aware if the community was accessible to people with disabilities.

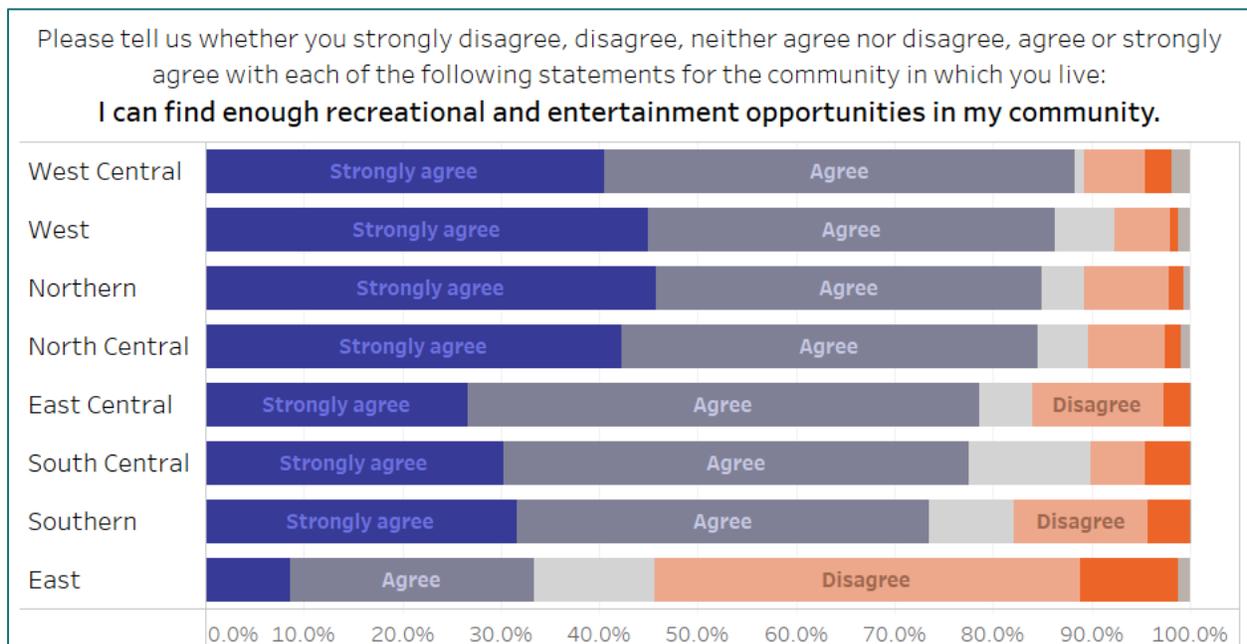


Figure 9 - CHOS respondents' agreement on recreational and entertainment opportunities

When survey respondents were asked if they were familiar with the previous Community Health Needs Assessment developed in 2019, 71.3% of respondents stated that they were not. The priority areas selected in 2019 remain concerns within the community with over 40% of respondents indicating that mental health/substance use disorders, housing and homelessness, transportation, and access to care were concerns today. Some respondents saw improvements in employment (34.0%), access to care (25.6%), and transportation (25.3%), but very few saw advancements in responding to housing and homelessness (7.8%) and mental health/substance use disorders (6.4%).

In the CHOS, respondents were asked to provide their opinions on factors impacting health within the Wake community. Overall, 33.7% of respondents selected mental health as the top health outcome impacting health in the community, followed by chronic diseases and conditions (25.9%) and COVID-19 (12.1%). When asked to select the social and economic factor most impacting health of the community, 31.5% selected lack of safe/affordable housing and 13.1% selected lack of sufficient income. When asked to select the top three areas most impacting health in their community, respondents most frequently selected affordable housing and homelessness (37.6%), healthcare (access, cost, quality) (34.9%), and transportation options (23.8%). During review of the survey results for each service zone, 67.1% of respondents in the East Central zone indicated that affordable housing most impacts the health of community as compared to 37.6% of total respondents.

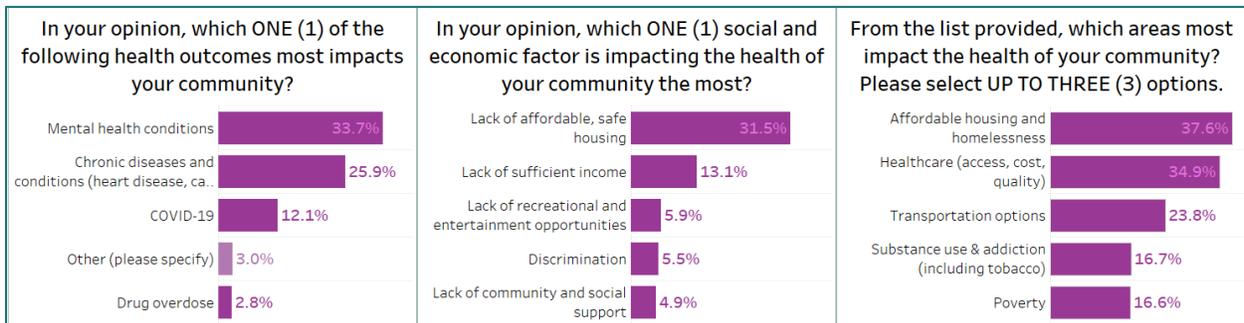


Figure 10 - Top 5 CHOS responses to health outcomes, social and economic factors, and health impacts

The CHOS also asked about areas needing improvement in the community, with 35.0% of respondents selecting access to affordable housing and 25.3% selecting access to transportation options as the top areas in need of improvement. In the East and Southern service zones, more respondents selected access to transportation options followed by affordable housing. Affordability of healthcare was the most selected medical care access issue in need of improvement with 34.1% of respondents picking this option followed by inequalities in the healthcare system chosen by 12.5%. In the East service zone, affordability of health care was selected as the top item in need of improvement at 21.5%, followed by availability of health providers (15.2%) and number of health facilities (10.1%). Survey respondents selected managing stress (19.9%), vaccination (10.0%) and nutrition (9.2%) as the top health behaviors community members in need of more information. This was reasonably consistent across service zones, except for the Eastern zone where seeking health services and physical activity were enumerated as the top two health behaviors. Persons with mental illness, persons in poverty, and seniors were the most commonly population sub-groups respondents identified as needing additional resources.

69.8% of respondents agreed or strongly agreed that they could easily access a primary care provider. The percentage of respondents able to access a medical specialist, such as a cardiologist or dermatologist, was slightly lower at 55.8%. On the other hand, 39.5% of respondents indicated that there were not enough health providers in the community with another 38.8% of respondents not being sure about mental health

provider availability. Most survey participants did not know about the availability of providers accepting Medicare and Medicaid as well as those providing substance use disorder treatment and bilingual care.

The CHOS also included questions on where people seek out care for physical and mental health concerns. Most respondents sought out care from primary care providers for physical health needs (77.4%), though there was also a sizable percentage seeking out care through walk-in or urgent care centers (8.7%). In terms of mental health, 36.5% of respondents did not seek any care, 29.1% received care from a mental health provider, and 17.4% sought mental health care from a primary care provider. Top reasons for putting off receiving mental and physical health care included that it was too expensive and that there was not enough time in their schedule.

In addition to the complete CHOS result tables in Appendix 3 including responses by income and education stratifications, CHOS results specific to topic areas are embedded throughout the following sections in Chapter 4.

¹ North Carolina Institute of Medicine. Healthy North Carolina 2030: A Path Toward Health. Morrisville, NC: North Carolina Institute of Medicine; 2020. Retrieved from <https://nciom.org/healthy-north-carolina-2030/>

Neighborhood and Physical Environment

The environment around us impacts health in many ways. According to the County Health Rankings Model, physical environment alone accounts for 10% of overall health factors, with community safety contributing additionally.¹ The Social-Ecological Model also demonstrates how individual and relationship factors are influenced by broader community and societal factors such as our neighborhood and physical environments:



Figure 11 – Social Ecological Model

Image Source: Centers for Disease Control and Prevention, 2022. The Social-Ecological Model: A Framework for Prevention²

The majority of Community Health Opinion survey respondents agreed that there are places where they can be physically active in their neighborhood (90.5%), access healthy and affordable food (83.8%), and easily travel within the community (71.8%). Most respondents also agreed that the environment is clean and supportive (83.9%). However, populations with higher socioeconomic status were over-represented in the survey responses, a segment of the population that historically has better access to a built environment that supports health.

“I think that the biggest thing that I would like to see, that I do see that's not offered to everybody, you're not gonna see the good stuff that you need in my neighborhood. You're not gonna see that over here where I'm at, because they don't have those things, they don't build those things here. And since they don't build those things here, the people who live in those areas, they can't get access to those places or use the benefits that come with them.”

-Focus Group Participant (Southeast Raleigh Group)

In fact, despite these positive aspects of the environment reflected through the CHOS survey, focus group participants in Southeast Raleigh and the Eastern service zone described how development and resources were distributed unevenly across the county.

Transportation

Transportation was a priority area in the 2019 CHNA. In the 2022 CHOS, one in four respondents cited access to transportation as an area needing the most

PURSuing EQUITY: BUILT ENVIRONMENT

Residents of Southeast Raleigh and Eastern Wake County lack access to resources that are available in other areas of the county, including places to be physically active in their neighborhood, healthy and affordable food, easy travel, and a clean and supportive environment.

GoRaleigh, the public transit authority in Wake County recently conducted an equity analysis of transit fees and has determined that lifting the suspension of fares during the COVID-19 pandemic would disproportionately impact minorities and low-income communities. Full report can be found [HERE](https://goraleigh.org/news/fare-equity-analysis-suspended-fare). <https://goraleigh.org/news/fare-equity-analysis-suspended-fare>

Additional resources for food equity:
Freshspire: Addressing Food Insecurity During COVID-19
www.getfreshspired.com/wakecountycovidrelief

improvement within their community. While a quarter of respondents reported improvements since the previous CHNA, about a third did not report improvement, and 43.8% still felt that transportation was a concern.

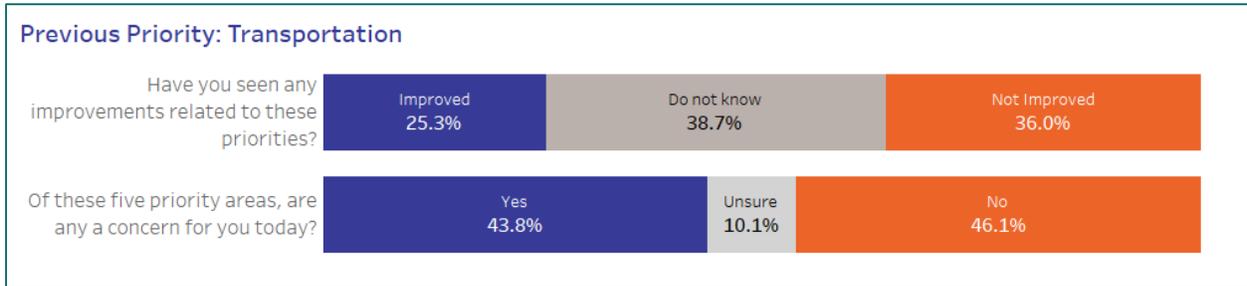


Figure 12 - CHOS responses on Transportation as a previous priority

In the 2022 CHOS, 23.8% of respondents selected transportation options as one of the top three areas impacting health and 25.3% of respondents indicated that access to transportation options was an area needing improvement in their community. In the Eastern and Southern service zones, respondents selected access to transportation options as the top area in need of improvement with their community (Eastern: 30.8%, Southern: 34.5%).

Across focus groups, transportation was identified a barrier to accessing healthcare and other services, especially for older adults, people with low incomes, and people living in parts of Wake County outside of Raleigh. The current hours and routes of the bus system make it less useful for people who work early or late and adds stress for parents of young children who do not have a personal vehicle.

“I’m gonna go off the jump and say a healthy community looks like - it looks clean, it looks like - it’s engaged, it has activities within the community, it has access to public transportation.”

-Focus Group Participant (Southeast Raleigh Group)

In Wake County, an estimated 79.0% of individuals drive alone to work. This is similar to the percentages driving alone in the peer counties (Mecklenburg: 77.0%, Travis: 74.1%) and the state overall (80.9%).³

Access to Healthy Food & Physical Activity

Access to affordable, nutritious food is a significant driver of health outcomes. In 2016, Wake County had a higher number of fast-food restaurants per population size than peers (8.7 per 10,000 population). The grocery store per population size in Wake (1.8 per 10,000) is similar to that of Mecklenburg (2.0 per 10,000) and higher than Travis County (1.3 per 10,000).⁴ Youth storytelling series discussions emphasized food security and nutrition as a health theme, making a connection between accessibility and cost.

“People will eat what they have access to, and convenience stores are more expensive than larger grocery stores and have fewer options, especially for healthy food.”

-Youth Storytelling Project Participant



Figure 13 - Youth Storytelling Series photo of an empty grocery shelf as a depiction of what causes some people in the community to experience worse health than others



Figures 14 & 15 - Youth Storytelling Series photos of a garden and food shuttle as depictions of what healthy communities look like

Food security data is discussed in further detail under the Economic Opportunity section, connecting the overlap between built environment and access to economic resources.

Physical activity is vital for both children and adults to achieve optimal health outcomes. Access to parks, recreational facilities, and living in a safe neighborhood can significantly improve overall health.⁵ Individuals living in Wake County are similar to those in peer counties in regard to their access to physical activity locations (in 2019, 90.1% for Wake, 92.3% for Mecklenburg, and 93.2% for Travis), all of which are higher than the state of North Carolina (73.5% in 2019).⁶



Figure 16 – Photo of paddlers at Robertson Millpond. Image Credit: Wake County Communications Office

Physical Environment

In addition to transportation and access to food and activity, physical environment also includes the air we breathe, the water we drink, and the structures around us. Safe water and clean air are important

building blocks for overall health, which is even more true for young children, people with chronic health conditions, and the elderly.⁷ Environmental health was emphasized in the Youth Storytelling Series as an important health factor, particularly in how the environment has the potential to negatively impact mental health. Youth participants described a healthy community as one that prioritizes and preserves the environment.

Overall, most Wake County residents (86.6%) receive their water from a public water supply, similar to peer counties Mecklenburg (82.6%) and Travis (95.5%).⁸ Air quality in Wake County was consistent from 2017 through 2019 with 245-252 days each year of good air quality days (Air Quality Index value of 0-50). In 2020 the number of good air quality days in Wake County increased to 284, possibly a reflection of changes in transportation habits during the COVID-19 pandemic. The number of days of good air quality were similar to the Mecklenburg and Travis peer counties.⁹



Figure 18 - Youth Storytelling Series photo of a dirty park as a depiction of what causes some people in the community to experience worse health than others



Figure 18 - Youth Storytelling Series photo of conservation practices as a depiction of what healthy communities look like

In Wake County, on average 91.6% of households in 2015-2019 had an internet subscription. This is a higher percentage than the state overall (82.1%) and the peer counties (Mecklenburg: 88.3%, Travis: 88.4%). The percentage of households with internet access has increased in Wake and in peers.

¹Physical Environment. County Health Rankings and Roadmap. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model?componentType=factor-area&componentId=5>

²The Social-Ecological Model: A Framework for Prevention. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>

³U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B08006

⁴U.S. Department of Agriculture. Food Environment Atlas Data Download, Last Updated 9/10/2020

⁵McKenzie, T. L., Moody, J. S., Carlson, J. A., Lopez, N. V., & Elder, J. P. (2013). Neighborhood Income Matters: Disparities in Community Recreation Facilities, Amenities, and Programs. *Journal of Park and Recreation Administration*, 31(4), 12–22. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4082954/>

⁶County Health Rankings & Roadmaps 2019, University of Wisconsin Population Health Institute

⁷Air and Water Quality. County Health Rankings and Roadmap. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model?componentType=health-factor&componentId=13>

⁸ Dieter, C.A., Linsey, K.S., Caldwell, R.R., Harris, M.A., Ivahnenko, T.I., Lovelace, J.K., Maupin, M.A., and Barber, N.L., 2018, Estimated Use of Water in the United States County-Level Data for 2015 (ver. 2.0, June 2018): U.S. Geological Survey data release, <https://doi.org/10.5066/F7TB15V5>.

⁹ U.S. Environmental Protection Agency, Annual Summary Data

Housing

Housing quality is a significant driving factor for health outcomes. Poor housing quality includes poor air quality, lack of safety, limited space per individual, presence of mold or lead, and many other factors. Housing quality also includes high housing costs in proportion to income and homelessness. These factors can lead to adverse health outcomes including chronic disease, poor mental health asthma, and more. Children and older adults are especially vulnerable to the effects of poor housing quality.¹ Housing and homelessness was a top priority in 2019, and in the Community Health Opinion Survey, 47.0% reported no improvements related to the priority area and 47.9% still felt it was a concern today.

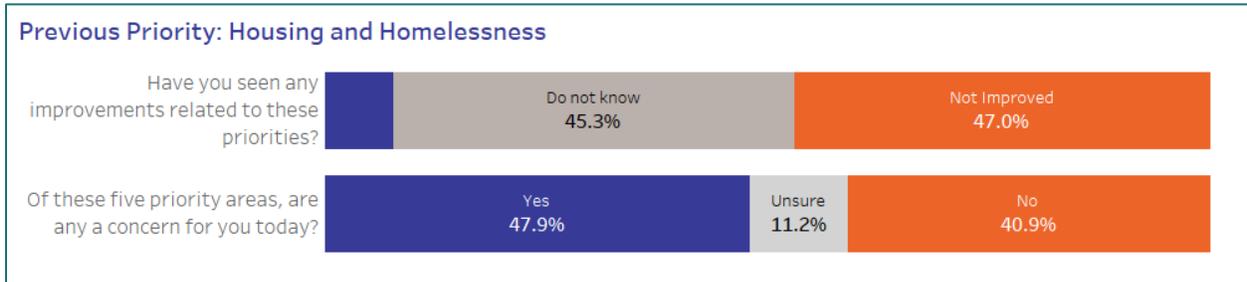


Figure 19 - CHOS responses on Housing and Homelessness as a previous priority

In the Community Health Opinion survey, 37.6% of respondents noted affordable housing and homelessness as one of three top areas impacting health, 35.0% voted access to affordable housing as the top area needing improvement in the community, and 31.5% voted for lack of affordable, safe housing as the top social and economic factor. Almost half of respondents disagreed that they could find affordable housing in their community. Youth Storytelling Series participants also raised housing affordability, gentrification, and housing safety as topics of concern.

About 92.7% of housing units in Wake County are occupied with 63.9% of housing units occupied by the owner. Wake County’s percentage of occupied housing is higher than the state overall (85.7%), but similar to peer counties Mecklenburg (92.3%) and Travis (91.8%). However, a larger percentage of housing units are occupied by owners in Wake (63.9%) than in Mecklenburg (56.4%) or Travis (52.4%). These trends have been stable over the past few years. Wake has lower housing density than the state overall, similar to its peer counties, with 98% of housing units having one or fewer occupants per room.²



Figure 20 - Youth Storytelling Series Photo: Gentrification and higher costs of living causing some people to experience worse health outcomes than others

Though occupancy rates are stable, housing costs have been increasing in Wake County as well as for peer counties and the state for both owners and renters. In Wake County, the average median monthly owners cost for a housing unit with a mortgage in years 2015-2019 was \$1,655 compared to \$1,533 for years

2011-2015. The median monthly cost for renters jumped even more during this time period from \$948 on average for 2011-2015 to \$1150 for 2015-2019.²

Homeowners spend more than renters on monthly housing costs, yet less of their overall income on housing.² Households are considered housing cost burdened if more than 30% of their income is spent on housing costs.³ In Wake, 19.0% of owner-occupied households meet this definition, spending 30% or more of their income on a mortgage (13.5% spending 35% or more) compared to 43.2% of households paying rent spending 30.0% or more of their income on rent as of 2019.

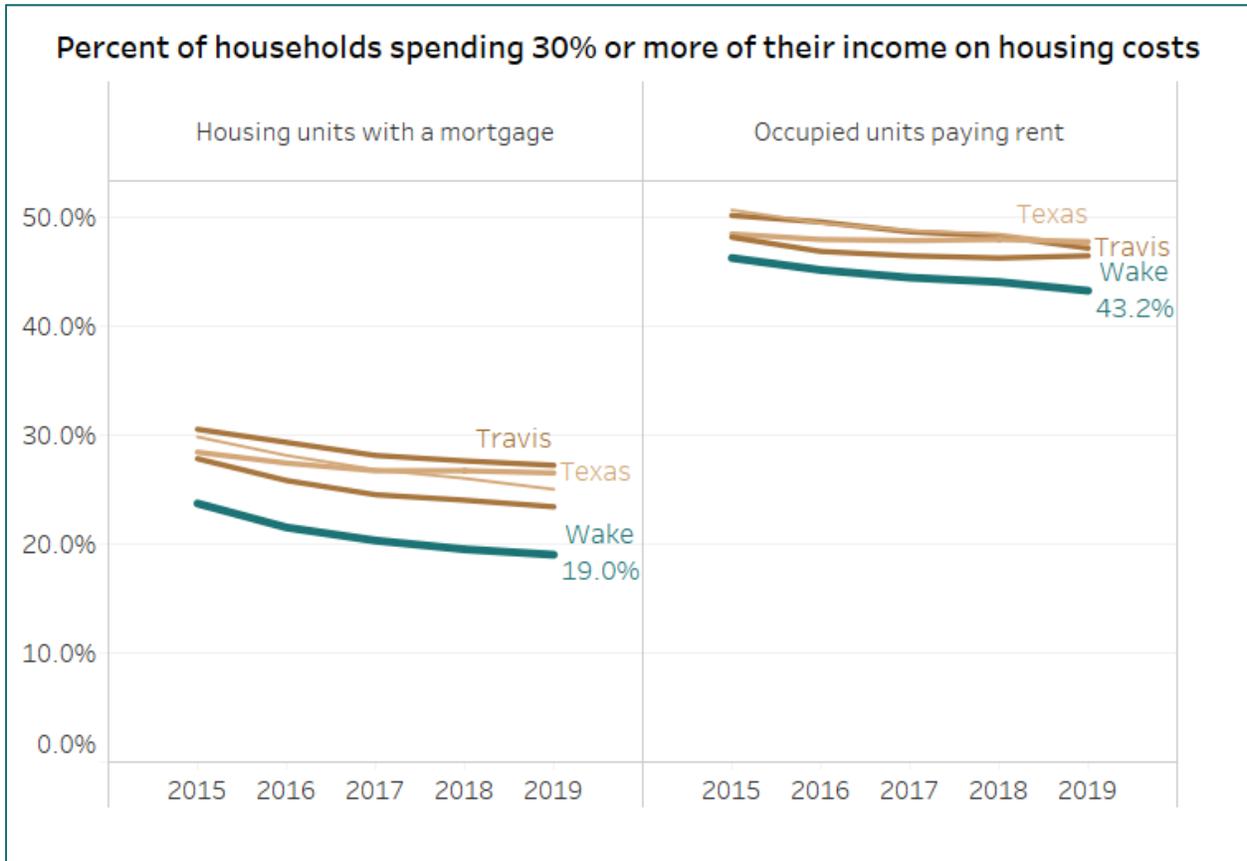


Figure 21 - Housing Cost Burden

Focus group participants described the lack of affordable housing and how development in Raleigh is driving housing prices up. There is assistance available, but it is hard to access and utilize.

“Even like for Section 8, which is through the government, it’s all about affordable housing but even if you have a voucher, a lot of landlords and stuff don’t wanna accept vouchers and stuff. So that’s another barrier sometimes or, if they do accept vouchers, it’s in like the high-crime areas.”

-Focus Group Participant (Southeast Raleigh Group)

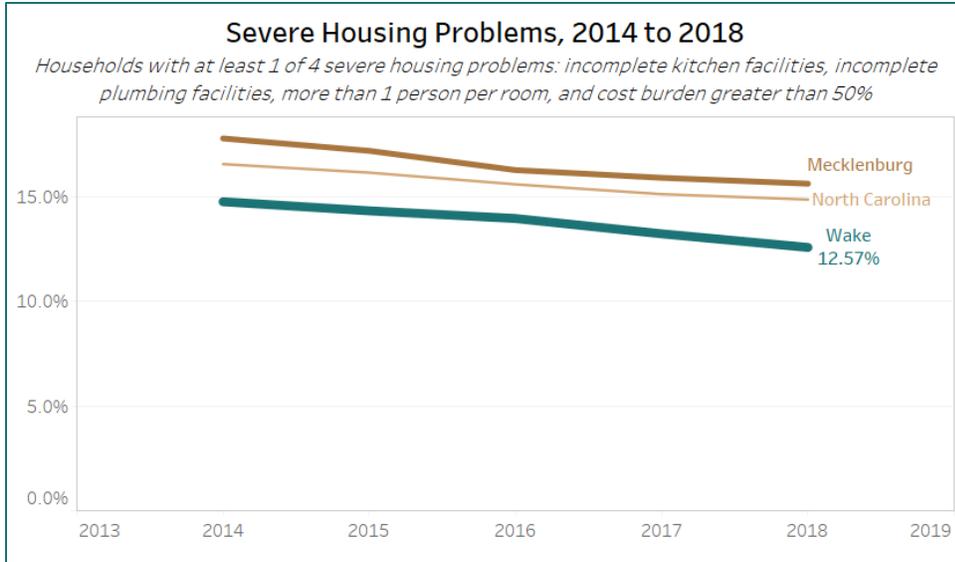


Figure 22 - Households with at least 1 of 4 severe housing problems

Available housing does not always equal safe housing. In Wake County, an estimated 12.6% of households in 2014-2018 had severe housing problems, defined by housing with at least one of the following four severe housing problems: incomplete kitchen facilities, incomplete plumbing facilities, more than one person per room, and cost burden of greater than 50%. This is less than Mecklenburg (15.6%) and the state (14.9%) and is lower than the Healthy North Carolina 2030 target of 14%; however, 12.6% in Wake County equates to 49,095 households that are experiencing severe housing problems.⁴ The percentage of households with severe housing problems in Wake County has dropped slightly in recent years from 14.8% in 2010-2014 to 12.6% in 2014-2018, mirroring a trend seen in the state overall.⁵



HNC 2030 Goal:
14% or fewer households with Severe Housing Problems

Wake: Met in 2014-2018
12.6%

Homelessness

In 2021 912 people (7.9 per 100,000 population) in Wake County were counted as experiencing homelessness during the Point-In-Time (PIT) count.⁶ While generally recognized as an undercount of the “true” number of people experiencing homelessness, the PIT is a count of all people living in shelters or transitional housing facilities or in unsheltered locations on a single night in January. It does not include people “doubled up” with family or friends or living in a hotel/motel.⁷ Wake’s homelessness rate was about half that of Mecklenburg County (17.2 per 100,000 population) in 2021. However, concerning disparities persist. The rate of people experiencing homelessness is 32.7 per 100,000 for Black or African Americans, more than 17 times the rate of White community members.⁶

PURSUING EQUITY: HOUSING

African Americans are experiencing homelessness at more than 17 times the rate of Whites in Wake County.

More women than men are experiencing homelessness in Wake County.

A Better Wake is working towards 6 goals that will improve access to affordable housing for Black and Brown people. Long term impacts for people of color will include the elimination of housing and neighborhood displacement and an increase in stable and affordable housing.

Additional Resources:

National Low Income Housing Coalition: Out of Reach 2021: North Carolina

<https://reports.nlihc.org/oor/north-carolina>

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- ¹ Quality of housing. (n.d.). Retrieved April 12, 2022, from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/quality-of-housing>
 - ² U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04
 - ³ Bailey KT, Cook JT, Ettinger de Cuba S, Casey PH, Chilton M, Coleman SM, et al. Development of an index of subsidized housing availability and its relationship to housing insecurity. *Housing Policy Debate*. 2015;26(1):172-87. doi: 10.1080/10511482.2015.1015042.
 - ⁴ North Carolina Institute of Medicine. *Healthy North Carolina 2030: A Path Toward Health*. Morrisville, NC: North Carolina Institute of Medicine; 2020. Retrieved from <https://nciom.org/healthy-north-carolina-2030/>
 - ⁵ U.S. Department of Housing and Urban Development (HUD), *Comprehensive Housing Affordability Strategy (CHAS) Data*.
 - ⁶ NC Coalition to End Homelessness Point-in-Time Count Data and the US Department of Housing and Urban Development PIT and HIC Data. North Carolina Office of State Budget and Management for population denominators.
 - ⁷ Point-in-time Data: 2021. Wake County Continuum of Care. Retrieved from <https://wakecoc.org/data/pit-2021/>

Community Cohesion

High levels of community cohesion can positively impact health outcomes. When asked to describe what healthy communities look like, a Youth Storytelling Series participant described “a healthy community is not just one that looks nice, but a community that has a special bond.” Strong relationships and solidarity among members of a community can lead to improved health outcomes by supporting each other to commit to healthy behaviors and by reducing emotional stress. Conversely, social isolation can be detrimental to health and increases mortality. Isolation is particularly a concern for older adults who may experience loneliness and lack of social cohesion, which negatively impacts health. Community cohesion includes civic engagement, relationships within the community, safety, and more.¹

In the Community Health Opinion Survey, most respondents agreed with statements of feeling safe in the community, feeling connected and socially supported by others in the community, and felt their community is inclusive and respectful of diversity. Wake County’s Social Vulnerability Index, using 15 U.S. census variables to estimate external stresses on health, is 0.15 in 2018, which is lower than Mecklenburg’s percentile ranking of 0.31. A lower score means less vulnerability compared to other counties in North Carolina.² While there are a number of positive reports of social cohesion, 5.5% of CHOS respondents listed discrimination as their top social and economic factor impacting the health of their community, which was the sixth most common response. Focus groups expressed a strong desire for elected officials to be more engaged in communities.



Figure 23 - Youth Storytelling Series photo of stamps representing diversity as a depiction of what healthy communities look like

“I think the mayor should be addressing some of this stuff. And I think that the police officers, they should be involved in the community, checking on people and not trying to just be nosy and give people tickets. The people that claim that they work for the city and they provide a service for the city, they should be more involved and have community events where people can come there and they can just talk and socialize about the community events and things that we can do to make the community better. But that don't really happen as often as it should happen. But that's who should address it, the people that are supposed to be managing the city. Like the Mayor.”

- Focus Group Participant (Southeast Raleigh Group)

PURSUING EQUITY: DISCRIMINATION

Participants across focus groups described experiencing discrimination based on:

- Race
- National origin
- Language
- Homelessness
- Mental illness
- Pregnancy

In the CHOS, Discrimination was the 6th most selected social and economic factor impacting the community.

In community prioritization, 25.3% of African American respondents selected discrimination as a priority compared to 9.5% of White respondents and 11.1% of Asian respondents.

To find out more about discrimination and how to report discrimination in employment:

[A Better Wake: Resources for Exploring Systemic Racism](#)

[Home | U.S. Equal Employment Opportunity Commission \(eoc.gov\)](#)

Civic Participation

Civic participation is one of many ways to build community engagement, cohesion, and safety. In Wake County, the percent of registered voters who voted is higher than peers in major election years, and lower than peers in minor election years. In the major election in November 2020, 79.7% of registered voters in Wake voted compared to 3.1% in the minor election in November 2019. Black or African American registered voters and Hispanic registered voters were less likely to vote in major elections than the Wake County population overall (72.2% and 66.9% vs. 79.7%, respectively),³ suggesting that there may be systemic barriers to voting disproportionately impacting Black and Latinx communities.

“And I know for some communities, access to voting is hard. We obviously learned that in the last couple of elections, that that caused a lot of difficulty depending on who you are and what community you belonged to.”

-Focus Group Participant (Mental Health Group)

Linguistic Isolation

Another important factor to consider for community cohesion is linguistic isolation. In Wake County, an estimated 17.6% of households speak a language other than or in addition to English at home. Additionally, 2.6% of households are limited English speaking, which is lower than peer counties and slightly higher than the state.⁴ This was especially relevant during the COVID-19 pandemic, as focus group participants highlighted the lack of adequate interpretation and translation at COVID testing and vaccination sites.

“How can I explain? It is racism. Like you're an immigrant you don't have a right to speak, to go shopping, to go to the dentist, and it's hard to think about when you're thinking about a happy healthy community, you think about a place that helps everybody, and here we are in the United States, where there's wealth, it's in the country of opportunities for all, but I think the language limits us a lot.”

-Focus Group Participant (Latinx Group)

Focus group participants also expressed a desire for residents to be provided a platform to voice their views and concerns about community issues. A need for increased accessibility to information and resources was also highlighted during focus group sessions.

Community Safety

The extent to which people feel and experience safety in their community impacts health in a multitude of short- and long-term ways.⁵ Safety spans social, economic, and environmental factor. Healthy North Carolina 2030 specifically names safety as a cross cutting factor that does not stand alone; rather, safety influences how people navigate their environment and make health decisions⁶.

Exposure to crime and violence in the home or neighborhood in which one lives may be associated with adverse health outcomes.⁷ Wake has a lower rate of index crimes (murders, rapes, robberies, aggravated assaults, burglaries, larcenies, and motor vehicle thefts) at 1,902 per 100,000 residents in 2019 in comparison to Mecklenburg (4,554 per 100,000 residents) and the state overall (2,909 per 100,000

residents). Wake also has lower rates when separating out property crimes (burglary, larceny, motor vehicle theft) and violent crimes (murder, rape, robbery, aggravated assault). Property crime rates have dropped in Wake in recent years from 2,741 per 100,000 residents in 2008 to 1,652 per 100,000 residents in 2019. There has also been a decrease in the violent crime rate during this same time period, from 349.3 per 100,000 to 250.0 per 100,000.⁸

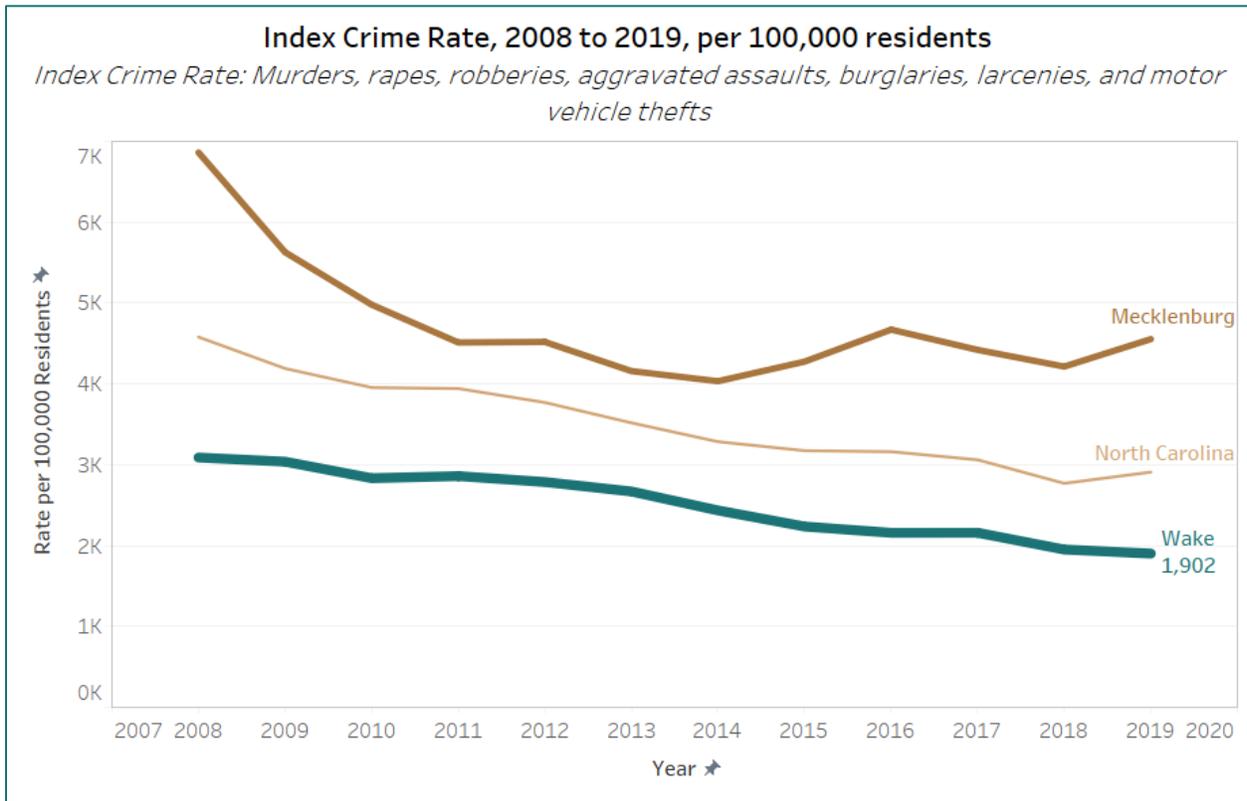


Figure 24 - Index crime rates per 100,000 residents in Wake, Mecklenburg, and North Carolina

In Wake County, the count of sexual assault clients rose in in the most recent fiscal year from 173 clients in 2019-2020 to 815 clients in 2020-2021. The number of clients in 2019-2020 is lower than each of the five previous years. It is possible that these fluctuations may be due to the COVID-19 pandemic though the number of clients around the state did not drop during the 2019-2020 fiscal year. Wake serves fewer sexual assault clients per 100,000 population than the state overall.⁹

Wake County also saw a marked drop and then rise in the number of domestic violence clients in the past few fiscal years from 4,480 in fiscal year 2018-2019, to 2,163 in 2019-2020, and then 5,739 in 2020-2021. Mecklenburg and the state have also seen increases in the number of domestic violence clients in 2020-2021, though the relative drop in clients in 2019-2020 was not as drastic as in Wake. Wake also had fewer domestic violence clients per population than the state.⁹

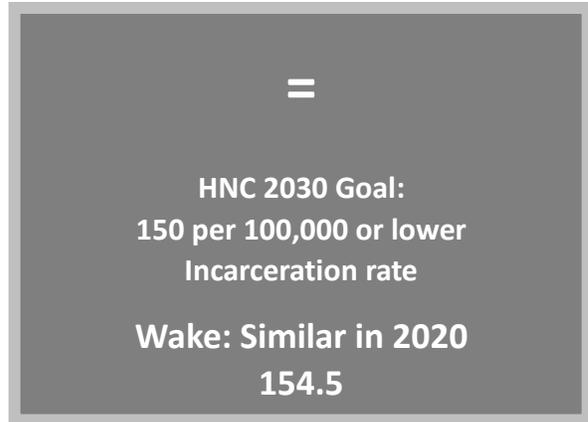
Wake has a lower count of services recommended and unsubstantiated claims of child neglect and abuse reports. Otherwise, counts of abuse, neglect, and dependency are similar between Wake and Mecklenburg.¹⁰

Wake County’s rate of children in foster care was 2.09 per 1,000 in 2019 (slightly lower than Mecklenburg), and the rate of children entering welfare custody was 0.381 per 1,000.¹¹

Incarceration

Research shows that incarceration rates can negatively impact the health outcomes of individuals experiencing incarceration as well as their families and surrounding communities. Families of those incarcerated can experience strain, stress, and stigma. They can also face economic destabilization as well as non-financial challenges with childcare, household management, and more. For communities, high rates of incarceration can result in the loss of working-age adults in the community and increase in infectious diseases.¹²

Across the past decade, Wake County has seen a steady decline in the rate of individuals incarcerated in North Carolina prisons. As of 2020, Wake's incarceration rate of 154.5 is very close to meeting the Healthy North Carolina 2030 target of 150 per 100,000 people.¹³



¹ Social cohesion. (n.d.). Retrieved April 12, 2022, from <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/social-cohesion#:~:text=High%20levels%20of%20social%20support,through%20behavioral%20and%20psychological%20pathways.&text=For%20example%2C%20social%20support%20may,23%20and%20reduce%20emotional%20stress.>

² Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index Database. https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html Accessed January 2022.

³ North Carolina State Board of Elections. Historical Registered Voter Stats and Historical Voter History Stats. Downloaded December 2021.

⁴ U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table C16002

⁵ Community Safety. County Health Rankings and Roadmaps. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model?componentType=health-factor&componentId=9>

⁶ North Carolina Institute of Medicine. Healthy North Carolina 2030: A Path Toward Health. Morrisville, NC: North Carolina Institute of Medicine; 2020. Retrieved from <https://nciom.org/healthy-north-carolina-2030/>

⁷ Crime and Violence. (2022, February 6). Healthy People 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/crime-and-violence#9>

⁸ North Carolina State Bureau of Investigation, North Carolina Uniform Crime Reporting (UCR) Program

⁹ NC Department of Administration, NC Council of Women and Youth Involvement, Domestic Violence and Sexual Assault Statistics. North Carolina Office of State Budget and Management for population denominators.

¹⁰ University of North Carolina at Chapel Hill Jordan Institute for Families, Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). File sent by communication with Steve Guest.

¹¹ University of North Carolina at Chapel Hill Jordan Institute for Families, Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). File sent by communication with Steve Guest.

¹² Gifford, E. (2019, November 01). How incarceration affects the health of communities and families. Retrieved April 12, 2022, from <https://www.ncmedicaljournal.com/content/80/6/372>

¹³ NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from Department of Public Safety, Research and Planning, Automated System Query, Prison Population, 2000 - present.

Education & Lifelong Development

Education is positively associated with health outcomes through increased employment opportunities and income, health literacy, and mental health. Educational opportunities can also reduce inequalities and support human development. Lifelong learning and development influences health outcomes by improving health literacy, which can impact one's ability to access resources or health services.¹ Higher parental education is also linked to improved child health outcomes.² In the CHOS, 87.5% of respondents agreed or strongly agreed that the community is a good place to raise children. 80.9% agreed or strongly agreed the community is a good place to have a baby. 74% agreed or strongly agreed the community is a good place to grow old, yet 11% of respondents disagreed or strongly disagreed with this statement. Nearly half of respondents in the East service zone (43.6%) identified youth as a subgroup needing resources, and across all CHOS respondents, 27.9% selected youth as a subgroup needing additional resources.

Child Care

Residents in the focus groups reported challenges accessing day care for children. Long waitlist and cost of care were highlighted as the key barriers driving limited access.

“You can't go to work if you got a baby, especially the one that can't take of itself. And daycare is expensive. So if you're gonna qualify for any type of help or assistance, you gotta apply for it. The waitlist is completely too long. There's so many people who need help, so I get it, but it's too long. They want you to sign these documents to fill out, your arm and your leg and your heart. They want all your business and then you gotta wait two or three years to get any help.”

-Focus Group Participant (Southeast Raleigh Group)

Education

Among respondents to the community health opinion survey, 79.8% agreed or strongly agreed with the statement: I can access good education in my community. However, among respondents from the Eastern service zone, only 46.8% agreed with this statement. Enrollment in Wake County public schools has steadily increased in Wake County since 2004, in 2020-2021 school year 164,844 students were enrolled in the public school district.³ In Wake County, the percent of students reading at grade level or higher



!

HNC 2030 Goal:
At least 80% 3rd Graders reading at or above grade level

Wake: Not met in 2020
66%

based on third grade End of Grade exams is above Mecklenburg County, however, at 66% in 2018-2019,⁴ it has not yet met the Healthy North Carolina goal of 80%.⁵



HNC 2030 Goal:
0.8 per 10 students or lower
Short term suspension rate

Wake: Met in 2019-2020
0.42 per 10 students

Wake County Schools spent \$9,615 per student 2019-2020; on par with Mecklenburg County and North Carolina overall. Per pupil expenditure includes the cost of instruction, student support, administration and operations. However, the Innovative School District is an exception as it receives more state and federal funds than local funding – in 2019-2020 this district spent \$10,810 per pupil.⁶

Wake’s rate of short-term suspensions, long-term suspensions, and expulsions are all lower than those of Mecklenburg County Public Schools. Wakes rate of short-term suspensions was 0.4 per 10 students in the 2019-2020 school year, lower than the Healthy North Carolina 2030 goal overall.⁴

However, short-term suspension rates increase to 1.08 per 10 Black students, 0.85 per 10 economically disadvantaged students, 0.71 per 10 American Indian students, and 0.59 per 10 male students. Black, economically disadvantaged, American Indian, and male students also have lower graduation rates compared to the overall graduation rate.⁴ These trends identified in the secondary data were also part of focus group discussions, as residents reported concerns about discrimination within schools.

“So talking about dreams, for me it would be beautiful to know that there were more respect in the schools for kids who are new to this country. We come as immigrants; there's mistreatment by teachers [and] bullying from other kids.”

-Focus Group Participant (Latinx Group)

While Wake County has many childcare and educational opportunities, the primary and secondary data throughout this topic emphasizes how these opportunities are not equitably available to all throughout the county.

PURSuing EQUITY

Black, Hispanic, economically disadvantaged, and male students have higher rates of school disciplinary activity and lower graduation rates than white peers.

The vision of A Better Wake is an equitable education system in which “Black and Brown children have unfettered access to the experiences and environments that enable them to become their full and best selves without systemic barriers.”

Goals to help reduce this disparity include reforming the role of police in schools and creating alternatives to exclusionary discipline practices. The long-term impacts will create schools that are a safe place for students to learn and fewer students of color being disciplined.

Learn more about equity in education:
[CREED: E\(RACE\)ING INEQUITIES: The State of Racial Equity in North Carolina Public Schools](#)

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- ¹ What Works? Social and Economic Opportunities to Improve Health for All. (n.d.). Retrieved from <https://www.countyhealthrankings.org/reports/what-works-social-and-economic-opportunities-to-improve-health-for-all>
 - ² Education. County Health Rankings and Roadmaps. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/education>
 - ³ North Carolina Department of Public Instruction, Statistical Profile. Retrieved from <http://apps.schools.nc.gov/ords/f?p=145:1>
 - ⁴ North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 6/18/2021. Retrieved from <https://www.dpi.nc.gov/data-reports/school-report-cards/school-report-card-resources-researchers>
 - ⁵ North Carolina Institute of Medicine. Healthy North Carolina 2030: A Path Toward Health. Morrisville, NC: North Carolina Institute of Medicine; 2020. Retrieved from <https://nciom.org/healthy-north-carolina-2030/>
 - ⁶ Expenditures per Pupil for Elementary and Secondary Public Schools | State Indicators | National Science Foundation—State Indicators. (n.d.). Retrieved April 4, 2022, from <https://nces.nsf.gov/indicators/states/indicator/public-school-per-pupil-expenditures>

Economic Opportunity

Economic opportunity is significantly associated with health outcomes by affecting ability to make healthy choices, access and affordability of healthcare and housing, and more. Specifically, employment can increase capacity to make healthy choices such as housing, food, and medical care. Employment often provides means to afford health insurance, which has a positive effect on health outcomes and access to healthcare. Additionally, economic opportunity allows individuals to accumulate savings and resources that can help in times of emergency.¹

Social and economic factors are closely related and often considered together, recognizing the overlap between economic opportunities and previously discussed topics such as environment, housing, community cohesion, and education – all of which influences access to healthcare and health outcomes. In the CHOS, respondents selected their top social and economic factors impacting the health of their community. Nearly a third listed lack of affordable, safe housing, with about an eighth saying lack of sufficient income, followed by lack of recreational and entertainment opportunities and discrimination. In the 2022 CHOS, 67.6% of respondents agreed or strongly agreed that they could find enough economic opportunities in their community, though this was lower among respondents from the Eastern service zone where only 48% affirmed the ability to find these opportunities.

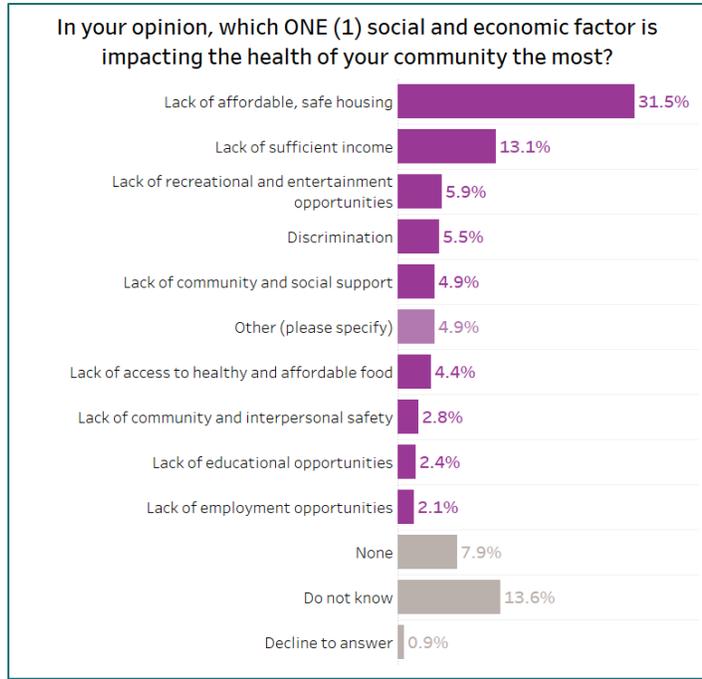


Figure 25 - Top social and economic factors from CHOS

Income & Employment

Employment was a previous priority of Wake County. A third of 2022 CHOS respondents reported seeing improvement related to employment since the 2019 CHNA, with 28.1% still finding employment to be a concern today.

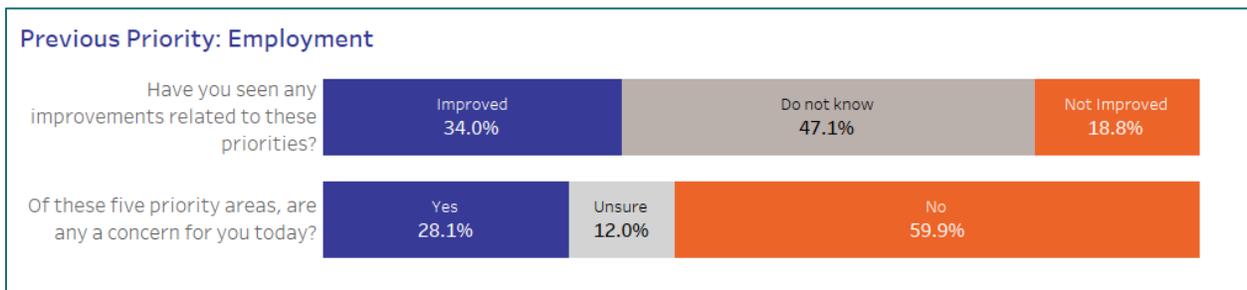


Figure 26 - CHOS responses on Employment as a previous priority

Focus group participants expressed concerns about barriers to employment such as transportation, limited access to employment opportunities due to immigration status, and lack of information on food and assistance resources.

“Now work-wise, I do see a large population of illegal immigrants that don’t have access to a lot of things because of their legal status. And because of their education background, they’re not able to apply for things themselves. And if I am able to get them employment somewhere, they don’t have the interpreters to be there for them.”

- Focus Group Participant (Eastern Wake Group)

From 2011 to 2019, unemployment rates in Wake County were on a steady decline with the rate being 7.8% in 2011 and 3.3% in 2019. With the COVID-19 pandemic beginning in 2020, unemployment rates nearly doubled between 2019 and 2020, with a rate of 6.4% in 2020. This means about 35,000 additional people were unemployed in 2020 compared to 2019. Mecklenburg County’s rate as well as North Carolina’s followed the same pattern.²

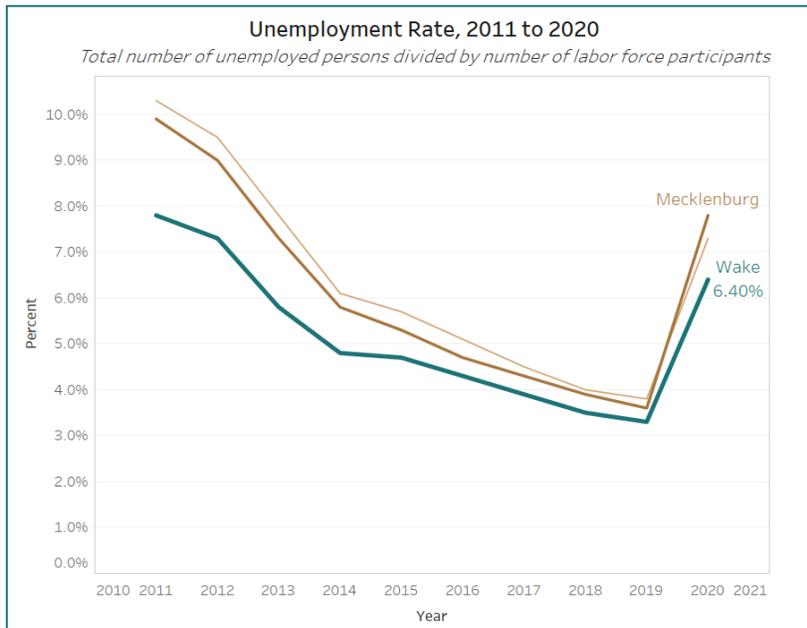


Figure 27 - 2019 Live Well Wake Population Indicator #2: Decrease the percentage of unemployed adults

Wake's median household income trends above its peer of Travis and Mecklenburg with the median household income being about \$5,000 more than Travis and \$10,000 more than Mecklenburg between 2015-2019. The per capita

PURSuing EQUITY

Immigrants have less access to employment opportunities, especially without documentation. There are more youth, Hispanic, and Black residents living below the federal poverty level. Disparities in economic opportunity largely impact people of color.

A Better Wake Vision: A Wake County where Black and Brown residents are free to choose and pursue their desired path of economic mobility and prosperity without hindrance.

A Better Wake is working to achieve this through goals that will address disparities towards people of color in workforce development, worker pay, small businesses, and banking credit and debt relief.

Resources:
[Brookings Workforce of the Future Initiative: Moving Up](#)

[The Roadmap for Racial Equity: An imperative for workforce development advocates](#)

income for Wake is only about \$2,000 more than Mecklenburg’s and about \$2,700 less than Travis’s.³

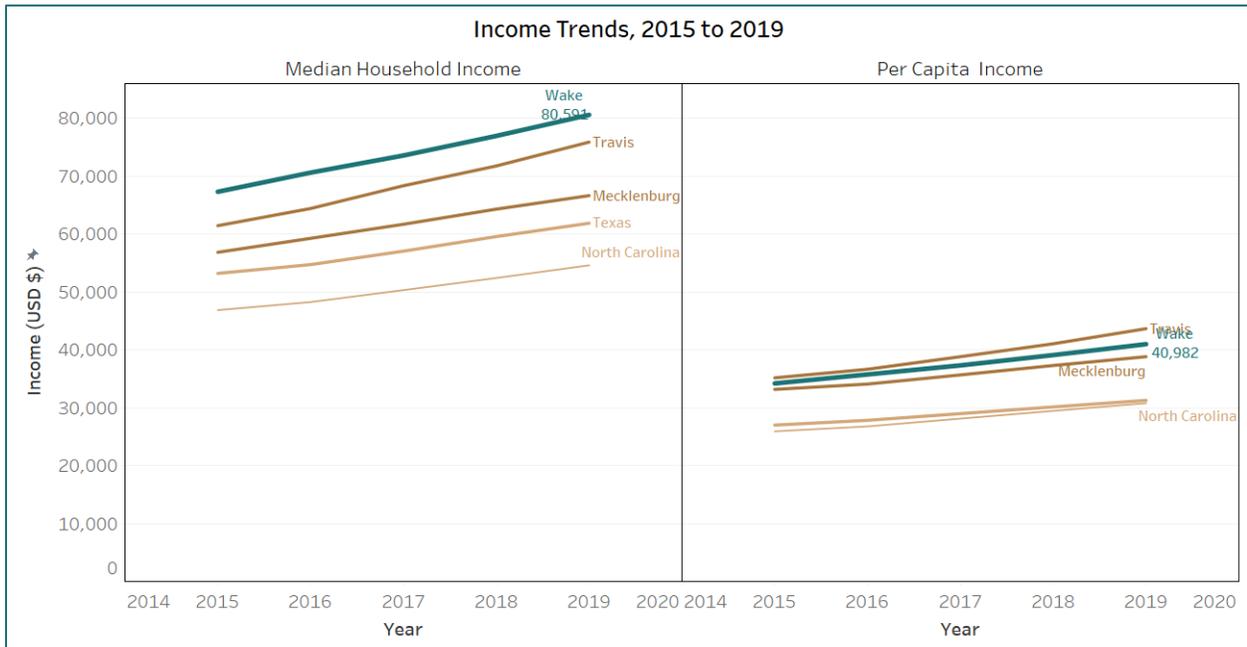


Figure 28 - Income Trends

Employers

As of the second quarter in 2021, Wake County Public School System was the largest employer in the county.⁴ The top three employment sectors in the county are professional scientific and technical services (11.8%), health care and social assistance (11.2%), and retail trade (11.1%).⁵ Between 2015 and 2019, an estimated 16% of Wake County workers ages 16 and over worked outside of the county, which is higher than peer counties.⁶

Poverty

From 2011-2015, on average 26.3% of Wake’s population was below 200% of the poverty level with this percent decreasing to 22.3% between 2015-2019, consistent with Wake’s peers and the state of North Carolina. The data show that some groups are disproportionately affected by poverty in the area with youth being one of those. The average percent of youth under 18 living below the poverty level (12%) is higher than that of the overall population (9.1%) between 2015-2019.⁷



HNC 2030 Goal:
27% or fewer individuals below 200% of the poverty level

Wake: Met in 2015-2019
22.3%

Disparities are also seen in Native Hawaiian and Pacific Islander, Hispanic or Latino, Other race, and Black and African American populations as they showed higher percentages of those living below the poverty rate than other races; however, data on Native Hawaiian and Pacific Islander population has low reliability due to small numbers in the county.⁷

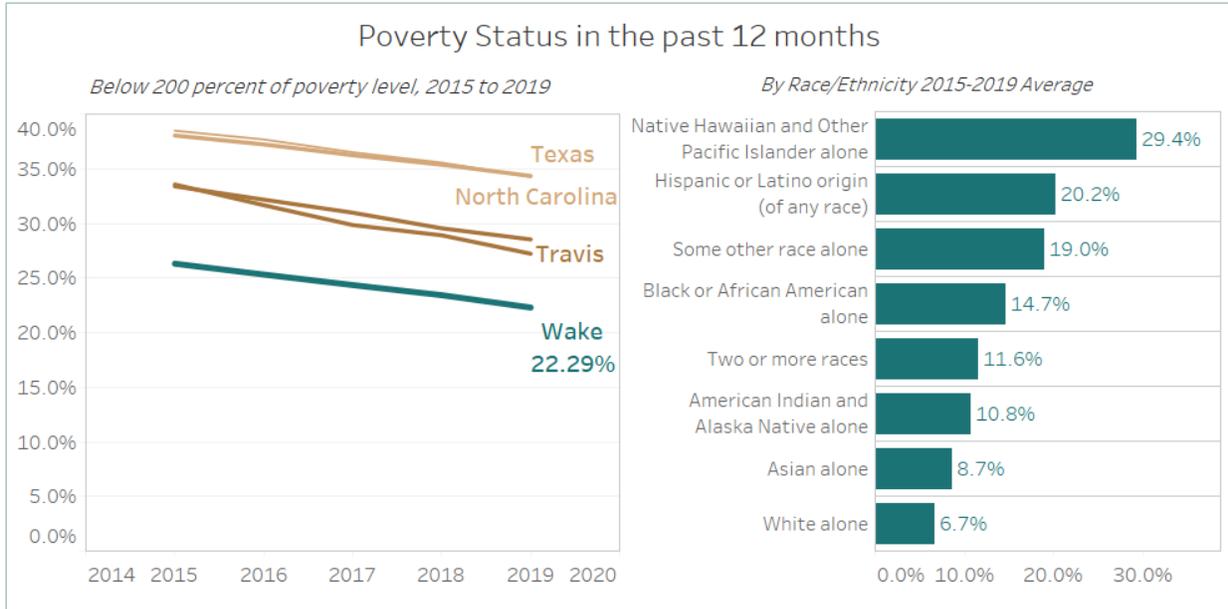


Figure 29 - 2019 Population Indicator #1: Decrease the number of people living 200% below federal poverty level

Food Security

Wake’s proportion of households with low-income and low access to a grocery store is 1 in 20 in 2019, which is similar to Mecklenburg.⁸ The proportion of households receiving food stamps/SNAP in Wake is lower than that of its peer, which may suggest an underutilization of this program. Those identifying as

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HNC 2030 Goal:
5% or fewer individuals who are low-income and low access to a grocery store

Wake: Similar in 2019
5.4%

Black or African American make up more than half (55.8%) of households in Wake County receiving food stamps/SNAP.⁹ This differential food stamp/SNAP use by race may point to racial disparities in food access.

Like adults in the area, about 1 in 20 children in Wake County have low access to a grocery store.¹⁰ During the 2018-2019 school year, around a third of public-school students were eligible and enrolled in the free or reduced lunch program (31% and 34%, respectively, calculated using slightly difference methods). Both percentages are lower than Mecklenburg’s and North Carolina’s.^{11,12}

¹ What Works? Social and Economic Opportunities to Improve Health for All. (n.d.). Retrieved April 12, 2022, from <https://www.countyhealthrankings.org/reports/what-works-social-and-economic-opportunities-to-improve-health-for-all>

² North Carolina Department of Commerce, Labor & Economic Analysis, Local Area Unemployment Statistics. Download period = Annual Average.

³ U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP03

⁴ North Carolina Department of Commerce, Labor & Economic Analysis, Quarterly Census of Employment and Wages Largest Employers. Download is for Quarter 2, 2021.

⁵ North Carolina Department of Commerce, Labor & Economic Analysis, Quarterly Census of Employment and Wages. Download is for year=2020 and period=annual.

⁶ U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B08007

⁷ U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701

⁸ U.S. Department of Agriculture. Food Access Research Atlas Data Download 2019, Last Updated 4/27/2021

⁹ U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2201

¹⁰ U.S. Department of Agriculture. Food Environment Atlas Data Download, Last Updated 9/10/2020

¹¹ County Health Rankings & Roadmaps sourced from National Center for Education Statistics

¹² The Annie E. Casey Foundation, Kids Count Data Center. Sourced from Public Schools of North Carolina, State Board of Education, Department of Instruction, Child Nutrition, Economically Disadvantaged Student (EDS). Last updated September 2021.

Access to Healthcare

Access to Healthcare is essential in addressing population health outcomes. Many barriers to healthcare exist related to the social and economic factors described in previous sections, including high cost, lack of health insurance, limited resources, and limited access to transportation.

While access to care was a priority in the 2019 Community Health Needs Assessment, just a quarter of CHOS respondents had seen improvements related to this area. 40.2% of respondents to the Community Health Opinion Survey still felt this topic was a concern.

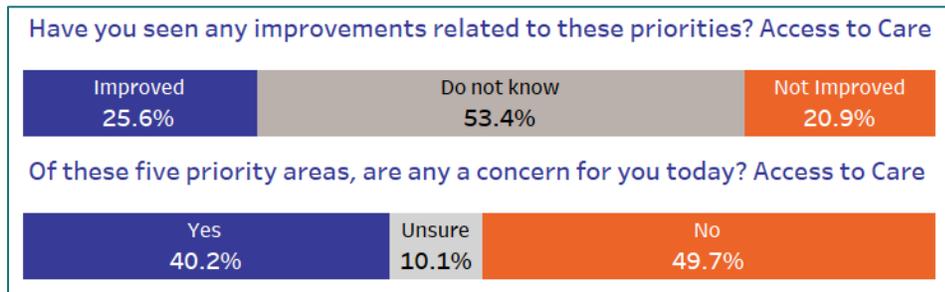


Figure 30 - CHOS responses on Access to Care as a previous priority

As estimated in 2019 and 2020, the county has fewer physicians and nurse practitioners per population than Mecklenburg at 25 and 7 per 10,000 population respectively,¹ as well as lower numbers of beds per population (13.1 per 10,000).² However, it is important to note that many nearby Duke Hospitals and UNC Health facilities fall outside of the county line and are not included in this data.

Emergency department hospital visits increased at Rex Healthcare and WakeMed Hospitals from 2015 to 2019, though remained consistent in Duke Raleigh over this same time period. When combining the Duke Raleigh, Rex Healthcare, and WakeMed for the year 2019, 39.2% of emergency department visitors were between the ages of 18 – 44 years and 22.5% between the ages of 45 – 64 years. A high percentage of emergency department visits were covered by a government payer (26% Medicaid, 13.4% Medicare, 2.3% other government), but many people visiting the emergency room were uninsured (19.8%). In 2019, 45.9% of emergency department visitors in these three hospital systems were Black and 37.8% were White.³ The number of short-term acute care hospital stays has also increased at the three hospital systems mentioned above, but average lengths of stays for these visits have remained consistent within each facility.⁴

Focus group participants felt that Wake County has high quality healthcare from WakeMed Health & Hospitals, Duke Hospitals, and UNC Health, as well as area free and sliding-fee-scale clinics. Advance Community Health is one of these providers, serving as Wake County’s Federally Qualified Health Center. In 2020, they served over 17,000 patients in Wake, with a specific aim to resolve common barriers to care. Of those, 80% were a racial and/or ethnic minority, with about 60% Black or African American. 66.6% of Advance’s patients live at or below 100%

PURSUING EQUITY: ACCESS TO CARE

A Better Wake

The vision of a Better Wake is a “Wake County with a healthcare system in which Black and Brown residents can attain their highest level of health and well-being.” This coalition, led by a partnership between Wake County government, Raleigh city government, the Raleigh-Apex branch of the NAACP, the Raleigh Chamber, and the Triangle Diversity Equity & Inclusivity Alliance is working to achieve this vision through several goals that were developed to increase access to care for people of color and to improve data and data tools to accurately represent people of color in the healthcare system.

Review A Better Wake’s Blueprint for Dismantling Systemic Racism [HERE](#).

abetterwake.com/blueprint

Additional Resources on Health Equity can be found [HERE](#).

nationalcollaborative.org

of the Federal Poverty Guideline and 64.6% live in public housing. Almost 40% of patients are uninsured and nearly 20% are best served in a language other than English.⁵

While Wake is home to many quality care options, focus group participants named a handful of gaps they’ve seen and experienced. The high cost of medical care was recognized by participants across groups. Immigrants face additional barriers to accessing care, such as lack of interpretation and documentation requirements for aid. Transportation was discussed as a barrier to healthcare for older adults. Concerns were expressed about the high cost and low quality of long-term care; the cost may keep low-income residents in unsafe living conditions as they age. Youth Storytelling Series discussions illuminated specific concerns that trans people experience finding affirming care.

“Because, as we all know, it is the best system, best medical technology, everything here. But our system is broken. People cannot afford [healthcare].”
 – Focus Group Participant (Older Adult Group)

Affordability and Insurance

Affordability of healthcare was noted as the top medical care access issue that needs improvement by CHOS respondents (34.1%), as healthcare is prohibitively expensive without insurance. When asked to rank the top three areas impacting health, 34.9% of CHOS respondents selected “healthcare (access, cost, quality)” as one of their responses – the second top area overall. Across focus groups, lack of insurance was highlighted as the primary barrier to healthcare; universal healthcare was expressed to improve access.

The CHOS respondents indicated that not having time in their schedule (28.5%) and cost being too expensive (27.3%) were their top reasons for putting off seeking healthcare services.

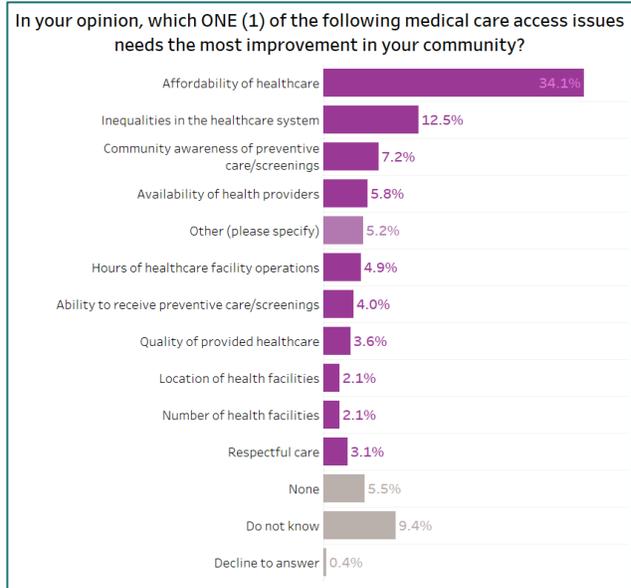


Figure 31 - Top Medical Care Access Issues from CHOS

Those without insurance made up 10.1% of the population under age 65 in Wake County in the 2014-2019 estimates. This is above the Healthy North Carolina 2030 target of 8% and is estimated to include 97,433 individuals.⁶ This number increases to 12.1% for ages 18-64 and drops to 5.2% for children under 18 years of age. Among people living below 200% of the federal poverty line, that percentage jumps to 23.5%. Wake County has a lower percentage of uninsured residents than Mecklenburg

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HNC 2030 Goal:
 8% or fewer people under age 65 without health insurance

Wake: Not met in 2019
 10.1%

and Travis Counties in all income and age categories.⁷ However, it is important to note that the estimates of the percentage of the population uninsured is based on data from 2019, prior to the COVID-19 pandemic. Wake consistently has smaller counts of Medicaid enrollment (181,635) compared to Mecklenburg (254,158), consistent with its lower rates of people living below the poverty level; both counties have similar distribution across program aid categories.⁸

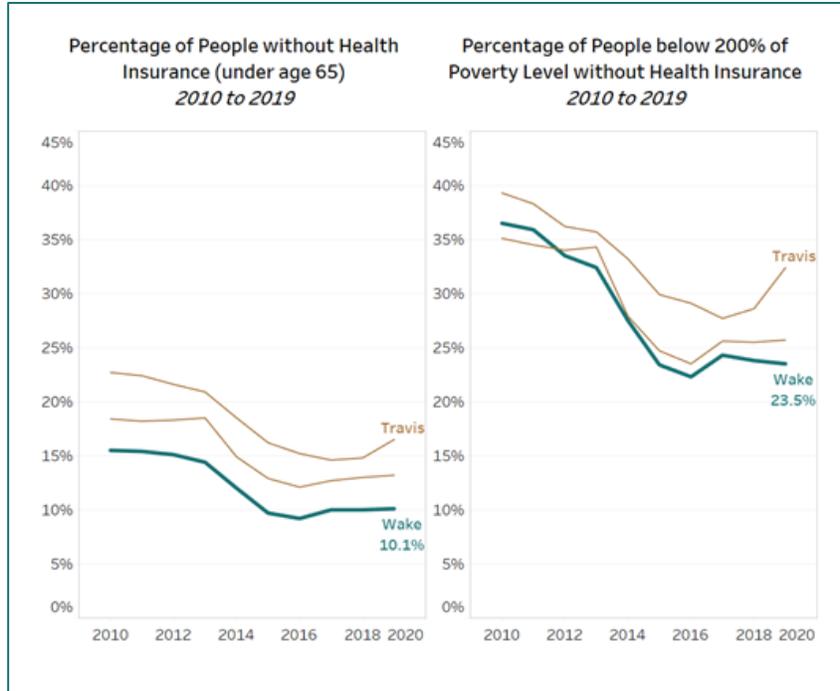


Figure 32: 2019 Population Indicator #6: Decrease the percentage of residents under age 65 without health insurance

Insurance data disaggregated by race and ethnicity at the county level is unavailable; however, on the state level

there are disparities in the estimated uninsured rate for the population under the age of 65 by race and ethnicity. 30.3% of Hispanic people in North Carolina are uninsured, compared to 13.6% of Black people and 10.4% of White people.⁷

Specialty Services

Just over half (55%) of CHOS respondents agreed that residents could access specialist providers. However, the majority of CHOS respondents did not know if there were enough providers accepting Medicare and Medicaid. Most CHOS respondents also did not know about the availability of bilingual providers or those offering treatment for substance use disorders.

The population served by mental health programs has increased 45% since 2010, from 218 people per 10,000, to 316 per 10,000 in 2020.⁹ Despite the increase in population served, 39.5% of CHOS respondents feel there are not enough mental health providers in the community. Focus group participants discussed a need for an equal approach to physical and mental healthcare in order to improve access, reduce stigma, and improve funding for mental health.

Elder Care

As referenced in the demographics section, the population over age 65 is expected to grow over the next 20 years.¹⁰ In the focus group for older adults, transportation was discussed as a major barrier to healthcare. Concerns were also expressed about the high cost and low quality of long-term care which could result in low-income elderly residents being in unsafe living conditions as they age. In 2021, Wake County had 35 adult care facilities, which is slightly lower than Mecklenburg’s 39 facilities.¹¹

¹ North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

- ² Log Into North Carolina (LINC) for counts. North Carolina Office of State Budget and Management for population denominators.
- ³ North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.
- ⁴ North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.
- ⁵ U.S. Department of Health & Human Services. Health Resources & Services Administration. Health Center Program Uniform Data System (UDS) Data Overview.
- ⁶ North Carolina Institute of Medicine. Healthy North Carolina 2030: A Path Toward Health. Morrisville, NC: North Carolina Institute of Medicine; 2020. Retrieved from <https://nciom.org/healthy-north-carolina-2030/>
- ⁷ U.S. Census Bureau. Small Area Health Insurance Estimates (SAHIE)
- ⁸ North Carolina Medicaid Division of Health Benefits. Population counts from North Carolina Office of State Budget and Management
- ⁹ Log Into North Carolina (LINC) for counts. North Carolina Office of State Budget and Management for population denominators.
- ¹⁰ NC Office of State Budget and Management, County/State Population Projections
- ¹¹ North Carolina Division of Health Service Regulation for counts (last updated 12/17/2021).

Disease, Illness, & Injury

Health outcomes including many diseases, illnesses, and injuries are influenced by the health factors, policies and programs described throughout the assessment findings.¹ This section explores mortality, chronic conditions, infections, injuries, and disabilities and how they impact Wake residents. Understanding which conditions primarily impact communities, and where there are disparities within communities, can help identify opportunities to influence health factors, policies, and programs that influence health outcomes.

The following disease, illness, and injury sections primarily pull from secondary data reporting on health outcomes. To complement this secondary data, CHOS respondents were asked to share which health outcome they felt most impacted their community. A third of respondents selected mental health conditions, with another quarter selecting chronic diseases and conditions.

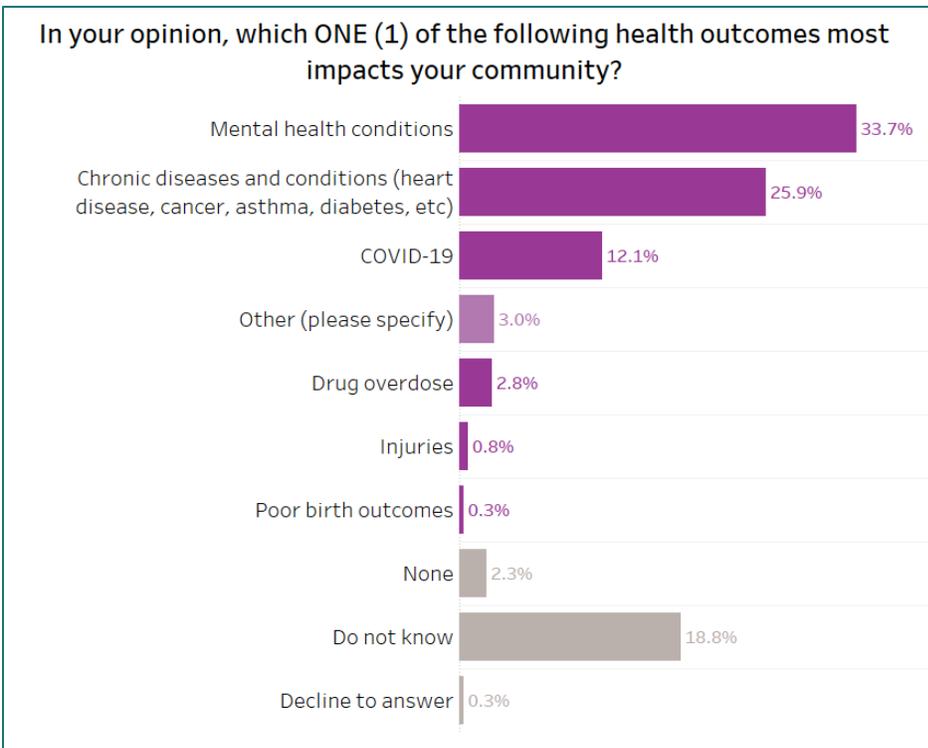


Figure 33 - CHOS top health outcomes impacting community

Overall Mortality

The overall mortality trend in Wake County has declined in recent years from an age-adjusted mortality rate of 635.3 per 100,000 in 2010-2014 compared to an age-adjusted mortality rate of 616.7 per 100,000 in 2015-2019. Overall, Wake County has a lower mortality rate than the state and Mecklenburg County.² Despite declines in mortality among African American and White residents, disparities in the mortality rates persist, and African American residents have a much higher mortality rate compared to White residents. Mortality among Hispanic residents increased from 308.6 per 100,000 in 2010-2014 to 398.5 per 100,000 in 2015-2019. The Hispanic mortality rate in Wake County is higher than

PURSUING EQUITY: HEALTH OUTCOMES

African Americans residents have a much higher mortality rate compared to White residents.

Cancer mortality has been increasing for Hispanic/Latinx community members, but decreasing for other racial groups

African American and Hispanic residents have experienced a higher share of COVID-19 deaths compared to White and Asian residents.

A Better Wake seeks to eliminate racial health disparities and improve health outcomes for Black and Brown residents. Find out more at abetterwake.com

Additional resources related to health disparities:

NC Office of Minority Health and Health Disparities

nchealthequity.ncdhhs.gov/

the state and Mecklenburg County. Residents identifying as a race other than African American or White have also had an increased mortality rate since 2014. Male residents have a higher mortality rate than female residents, however the mortality trends for both sexes have decreased over time.²

Top Causes of Death

The leading causes of death in Wake County in sequential order are: Cancer (all kinds), Diseases of the Heart (including both Acute Myocardial Infarction Other Ischemic Heart Disease), and Cerebrovascular Disease.² These causes of death are also leading causes in the state overall; however, Wake’s rate of death due to Other Ischemic Heart Disease (41.9 per 100,000) is larger than Mecklenburg County (34.1 per 100,000). Wake County’s mortality rate caused by Alzheimer’s Disease is much lower than the state and peer counties. See the graph below for the top ten overall mortality rates in Wake County.²

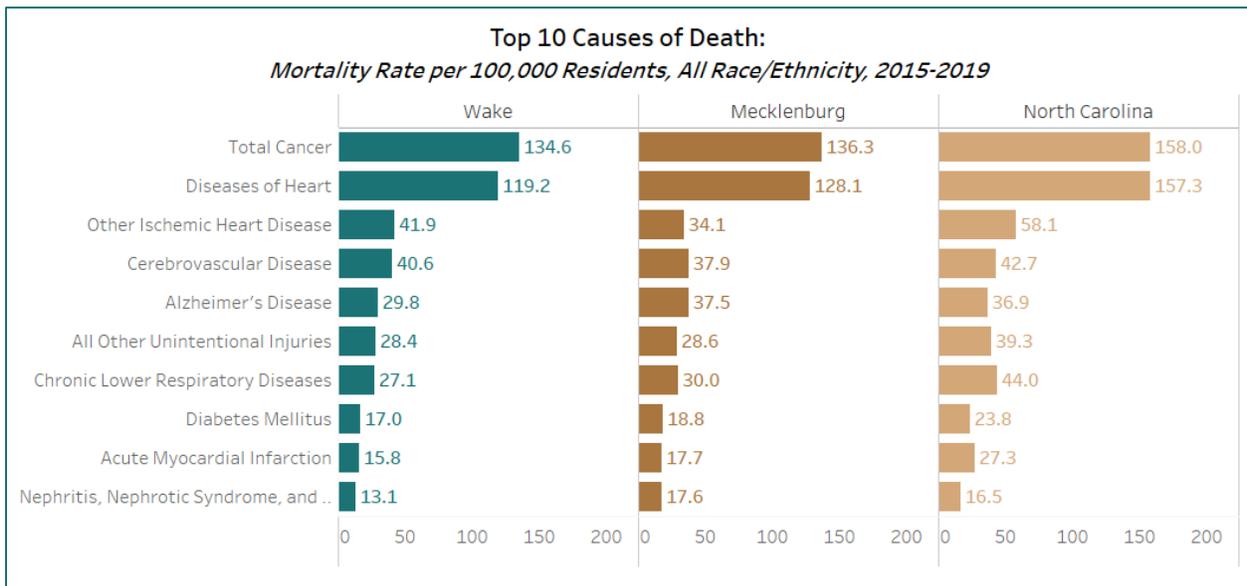


Figure 34 - Top 10 causes of death, 2015-2019 5-year averages

Trachea, Bronchus, and Lung Cancer, Breast Cancer, and Prostate Cancer are the leading types of cancer mortality, each independently having mortality rates that would place them in the top 10 causes of death at 29.3, 19.7, and 19.6 per 100,000 respectively.²

Cancer Mortality

Deaths due to cancers of all types are the leading cause of death in Wake County. Cancer mortality is higher for African American (170.8 per 100,000) residents than White residents (131.3 per 100,000). Male residents of Wake County die from cancers (163.7 per 100,000) at a higher rate than female residents (114.9 per 100,000).²

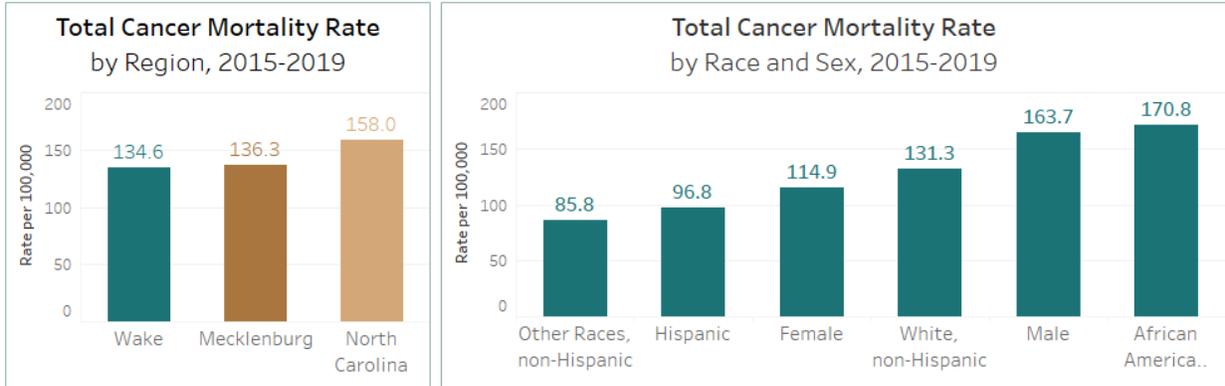


Figure 35 - Total Cancer Mortality by region, race, and sex

Among men in Wake County in the years 2015-2019, trachea, bronchus and lung cancers are the leading cause of cancer death, followed by prostate, then cancers of the colon, rectum, and anus, and lastly the pancreas. Among women in Wake in the years 2015-2019, the leading causes of cancer mortality included trachea, bronchus and lung, breast, and pancreas. Cancer mortality rates are declining for all populations except among Hispanic residents and residents categorized as Other non-Hispanic.

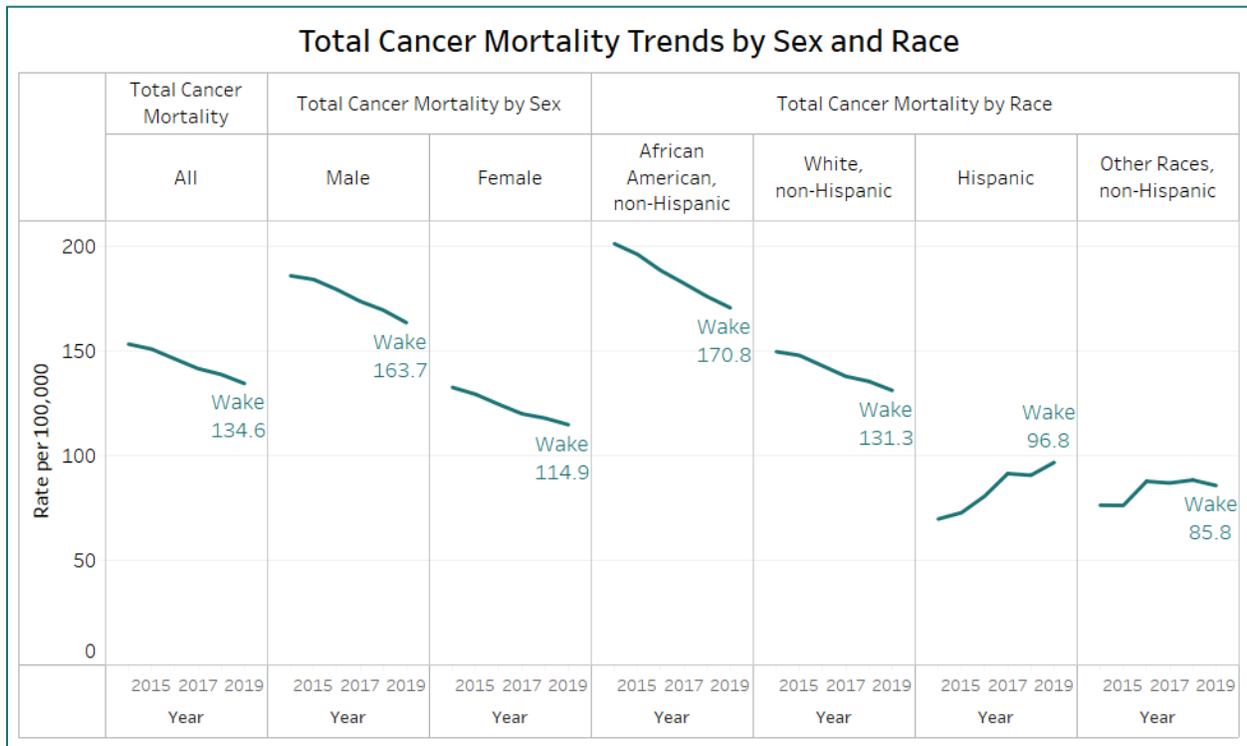


Figure 36 - Total Cancer Mortality Trends in Wake by Sex and Race

*American Indian, non-Hispanic cancer mortality rates were suppressed in the original data source due to the instability of small counts

Cancer incidence in Wake County overall is consistent with the state and Mecklenburg County incidence rates. In 2019 the overall incidence rate was 462 per 100,000 residents. Cancer incidence has remained stable or declined slightly among the different cancer types.³

Other Chronic Conditions

Chronic diseases are defined by the CDC as “conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both”.⁴ Other chronic conditions included in this assessment include Alzheimer’s disease, arthritis, asthma, autism spectrum disorders, chronic kidney disease, chronic obstructive pulmonary disease, diabetes, and osteoporosis.⁵ Chronic conditions account for 5 of the 6 leading causes of death in Wake County. The arthritis prevalence among Medicare beneficiaries in Wake County has increased between 2013 and 2018 from 26.3% to 31.1%. Chronic kidney disease prevalence among Medicare beneficiaries has increased from 14.8% to 22.7% between 2013 and 2018. While prevalence of diabetes among Medicare beneficiaries in Wake County is below the North Carolina prevalence and has decreased slightly between 2013 and 2018, it is a chronic condition with a 24.8% prevalence in the Medicare population. Chronic conditions, specifically the prevalence of arthritis, diabetes and chronic kidney disease is greater than 20% for people enrolled in fee-for-service Medicare.⁵

Infectious & Communicable Diseases

As of report writing in 2022, the SARS-CoV-2 coronavirus is the leading cause of communicable disease in Wake County. Infectious and communicable disease data in 2020 should be interpreted with caution given that the COVID-19 pandemic caused limited access to testing and diagnostic services, therefore it is possible that decreases in other infectious diseases are attributable to fewer people being tested.

The COVID-19 pandemic has had a profound effect on daily life across the country. As of April 9, 2022 the total number of positive cases recorded by the North Carolina Department of Health and Human Services in Wake County was 290,339 since March 2, 2020.⁶ When interpreting case counts it is important to remember that individuals may become reinfected with the disease therefore the count of cases may not be equal to the count of individuals who experience a COVID-19 infection. Additionally, 1,050 deaths have been attributable to COVID-19 in Wake County. While illness and mortality data disaggregated by race and ethnicity is not included in this report at the county-level, it is important to note that national level data shows that African American and Hispanic people have experienced a higher share of COVID-19 deaths compared to White and Asian people.⁷

In addition to illness and death, COVID-19 has profoundly impacted health in Wake County. COVID-19 was the third ranked health outcome impacting the community receiving 12.1% of votes in the CHOS. Likewise, vaccination was listed as the second most important health behavior residents needed information about, receiving 10% of votes. Finally, 12.5% of participating residents reported putting off a doctor’s visit for concerns about COVID-19 safety. Delays in seeking care can have a negative impact

A brief note on COVID data and interpretation:

The data on cases and deaths were gathered at the time of report writing.

Data systems continue to update case information, and the data present is only for cases that tested positive for COVID-19 and were reported to the state. It is possible that additional infections are not accounted for due to lack of testing availability and reporting.

Please refer to the [State’s COVID-19 Dashboard](#) for the most recent data.

“I think the Latinx community's more affected with this because like [participant] said, [there's] not an interpreter. I wanna give you like a quick example. I went to the east county to the testing and you know COVID and resources and I didn't see anything in Spanish. When we went to the test area, all the instructions were in English and complicated because it's that not only are you doing your test yourself. So I didn't see or never see any Latinas using resources in the eastern part of the county.”

– Focus Group Participant (Eastern Wake Group)

on community health as preventable illness may intensify. The impact of the pandemic was a theme that was identified in multiple focus group discussions. Participants in the focus groups discussed challenges with COVID-19 prevention and mitigation and expressed the need for enforcement of policies to reduce transmission. Furthermore, participants reported different experiences accessing COVID-19 testing services.

In addition, many participants across focus group sessions indicated the importance of following public health guidance to reduce the spread of COVID-19, especially among children. They also mentioned that preventive measures such as mask wearing may become the norm within the community. Youth Storytelling Series participants echoed many of these COVID-19 concerns, sharing that some kids are not showing up to school out of fear of getting infected.

“Never leave without a mask. Because this pandemic virus is gonna be with us for I think it seems like - I hope I'm wrong - forever now. It's gonna be our normal life now. 'Cause it comes one after another.”

– Focus Group Participant (Older Adult Group)

Infectious and communicable diseases also include sexually transmitted infections and sexually transmitted diseases (STI & STD). Wake County has comparable rates for newly diagnosed STI & STD compared to Mecklenburg County and the state. Between 2016 and 2019 rates of newly diagnosed STI & STD increased for Chlamydia, Syphilis (both early and primary and secondary cases), and Gonorrhea. Chlamydia is the most common STI. Rates of Chlamydia increased from 525.9 per 100,000 in 2016 to 593.3 per 100,000 in 2019, and then declined to 505.2 per 100,000 in 2020,⁸ possibly due to COVID-19-related testing barriers. Rates of STI & STD have been trending upward nationwide in recent years.⁹

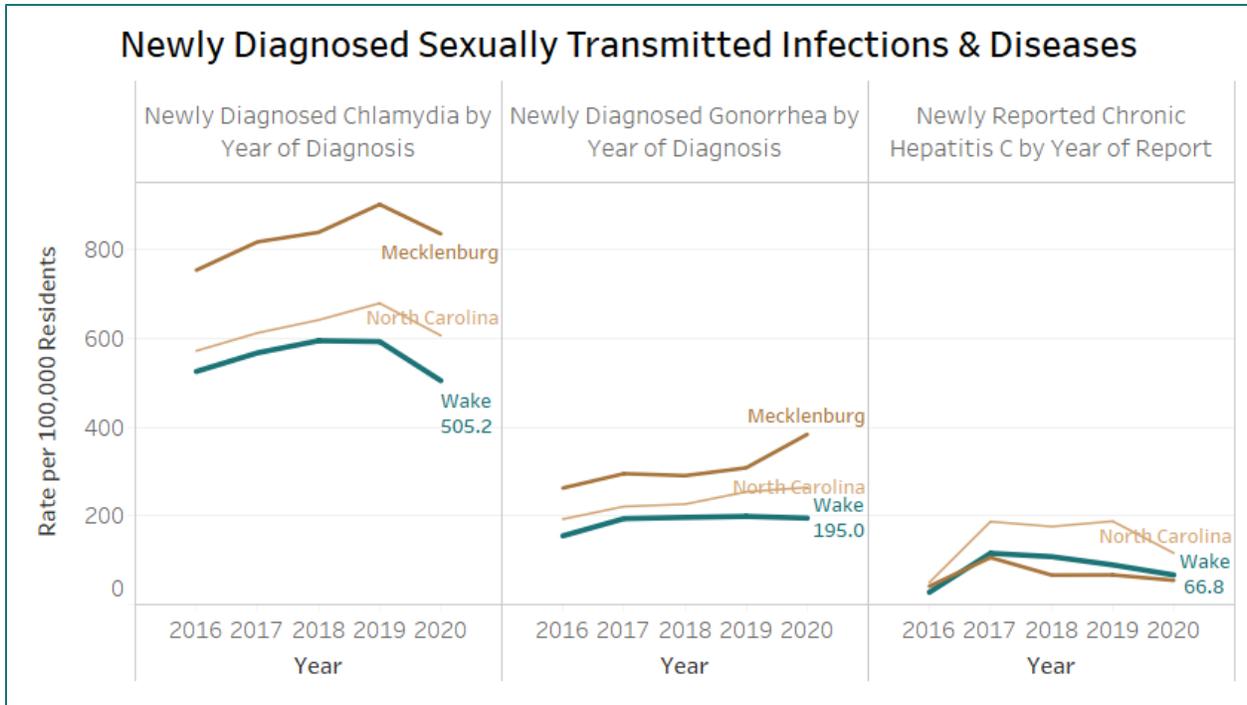


Figure 37 - Newly diagnosed Chlamydia and Gonorrhea and newly reported Chronic Hepatitis C, 2016-2020¹⁰

Wake County’s rate of newly diagnosed HIV cases was 14 per 100,000 residents in 2020, this rate is higher than the Healthy North Carolina 2030 target of 6.0 per 100,000 and slightly higher than the current state rate of 12 per 100,000.^{11, 12}

Acute Hepatitis B and C infections occur within the first six months of infection, infections that last for longer than six months are classified as chronic infections.^{13,14}

Chronic Hepatitis B rates decreased continuously from 33 to 14 (2019), to 3.2 in 2020. While Acute Hepatitis B rates remained stable at 0.4 per 100,000 between 2016 and 2019. Chronic *newly-reported* Hepatitis C rates peaked in 2017 with a rate of 115.7 per 100,000 but have steadily declined since, with a rate of 89.5 per 100,000 in 2019, and 66.8 per 100,000 in 2020. It is critical to note that North Carolina did not begin tracking Chronic Hepatitis C until late 2016 so this peak in 2017 likely reflects old diagnoses showing up in the system and not new diagnoses. However Acute Hepatitis C infections have increased from 0.1 per 100,000 to 0.8 per 100,000 in 2019.¹⁵

!

HNC 2030 Goal:
6.0 per 100,000 or lower rate of new HIV diagnoses

Wake: Not met in 2020
14.0 per 100,000

Other leading causes of communicable disease include Streptococcal Infection Group A (Strep Throat)¹⁶ and Tuberculosis.¹⁷ Since 2016, rates of Tuberculosis infection have declined in Wake County.

Environmental Diseases

Environmental diseases are classified here as illnesses resulting from exposure to a food-borne illness or a disease vector (such as a mosquito or tick). In Wake County vector-borne illnesses including Lyme disease and Malaria affect less than 5 people per 100,000. In Wake County the leading cause of foodborne illness since 2016 is Salmonellosis which affected 22.5 per 100,000 residents in 2020. Campylobacter

infections affect 13.1 per 100,000 residents in 2020. While prevalence of foodborne Shigellosis and E. Coli Shiga Toxin affected less than 5 residents per 100,000.¹⁸

Injury

Falls are the leading cause of injury-related visits to both the Emergency Department and the Hospital. The rate of unintentional falls resulting in an Emergency Department visit is much lower in Wake (907 per 100,000) than Mecklenburg (1,399 per 100,000) or the State (1,726 per 100,000).¹⁹ However, the rate of unintentional falls leading to hospitalization in Wake is 172 per 100,000 which is on par with Mecklenburg at 156 per 100,000 and the state at 247 per 100,000.²⁰ Motor vehicle traffic-related injuries are the second leading injury-related cause of Emergency Department (780 per 100,000) and hospitalization (43 per 100,000). The leading injury-related causes of death in sequential order include unintentional poisoning, unintentional falls, motor vehicle and traffic-related injuries, self-inflicted firearm injury, and assault with a firearm.²¹

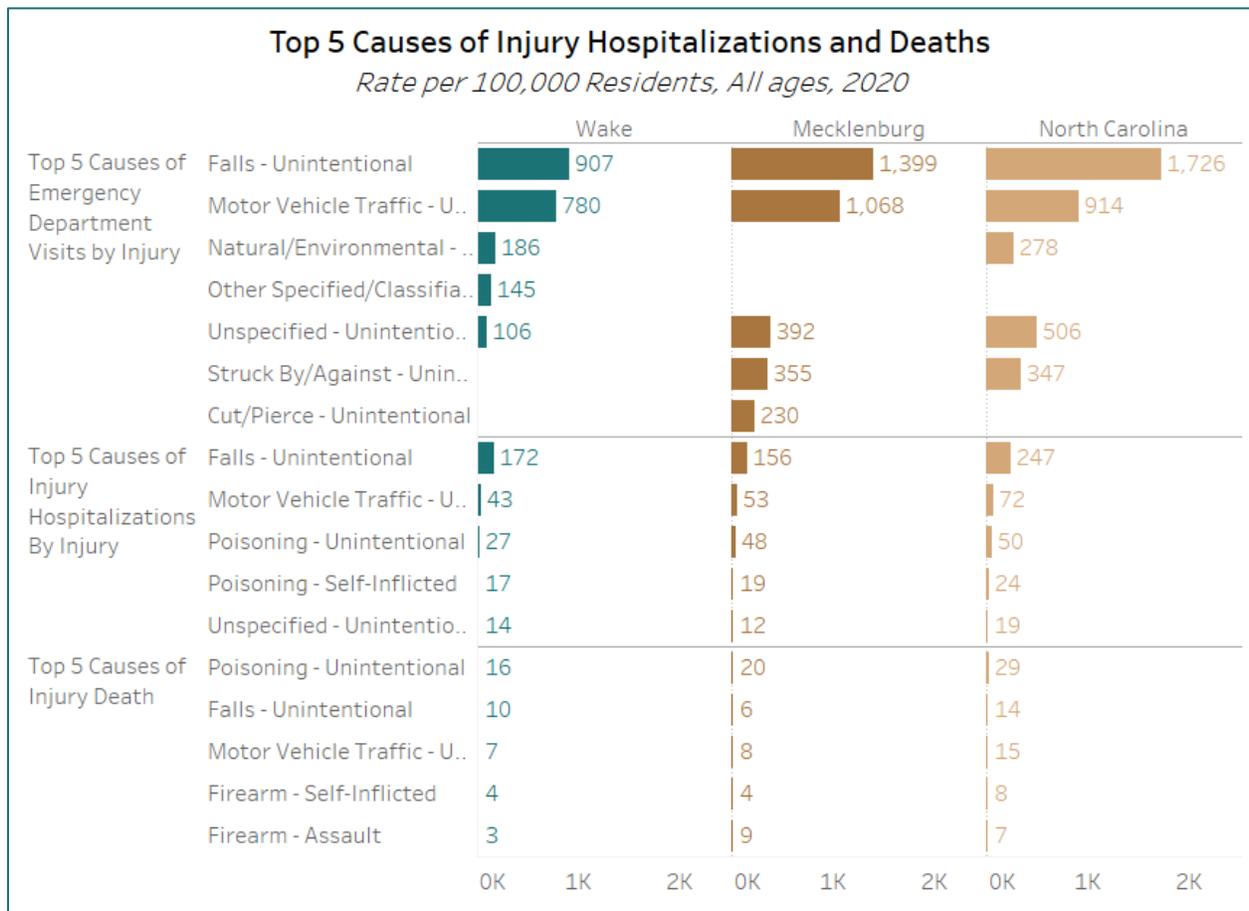


Figure 38 - Injury hospitalization visits,¹⁹ causes,²⁰ and deaths²¹

Disability

In the community health opinion survey less than half of respondents agreed that their community is accessible to people with disabilities. In Wake County, the population of residents with a disability is similar to peer counties but is lower than the state. Ambulatory difficulty, independent living difficulty, cognitive difficulty are the most common types of disabilities experienced by residents. Experiencing a disability is more common among older adults in Wake, particularly among residents who are 75 years

old and older – of this population an estimated 46.3% experience a disability while an estimated 21% of resident who are 65-74 experience a disability. In Wake County residents who are American Indian or Alaska Native or Native Hawaiian or Pacific islander experience disabilities at a higher percent than other peer counties or the state; however, this data has low reliability.²²

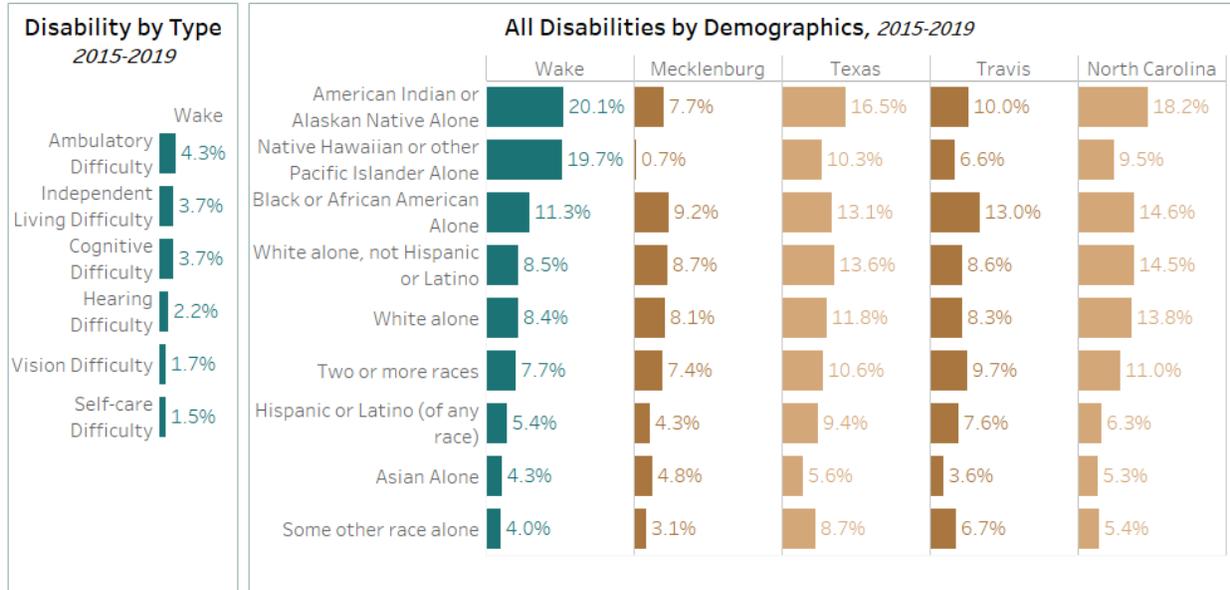


Figure 39 - Disabilities by type and race/ethnicity

¹Health Outcomes. County Health Rankings and Roadmap. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model?componentType=category&componentId=1>

² NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B.

³ NC Department of Health and Human Services, North Carolina State Center for Health Statistics

⁴ About Chronic Diseases | CDC. (2021, April 28). <https://www.cdc.gov/chronicdisease/about/index.htm>

⁵ Centers for Medicare & Medicaid Services, CMS Chronic Condition Data Warehouse (CCW).

⁶ Cases and Deaths | NC COVID-19. (2022, April). North Carolina Department of Health and Human Services. <https://covid19.ncdhhs.gov/dashboard/cases-and-deaths>

⁷ COVID-19 Provisional Counts—Health Disparities. (2022, March 30). https://www.cdc.gov/nchs/nvss/vsrr/covid19/health_disparities.htm

⁸ NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina STD Surveillance Report.

⁹ Reported STDs Reach All-time High for 6th Consecutive Year. (2021, April 13). Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/media/releases/2021/p0413-stds.html>

¹⁰ NC Communicable Disease Branch: 2020 Annual Reports

¹¹ North Carolina Institute of Medicine. Healthy North Carolina 2030: A Path Toward Health. Morrisville, NC: North Carolina Institute of Medicine; 2020. Retrieved from <https://nciom.org/healthy-north-carolina-2030/>

¹² NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina HIV Surveillance Report.

¹³ What is Hepatitis C - FAQ | CDC. (2022, February 11). <https://www.cdc.gov/hepatitis/hcv/cfaq.htm>

¹⁴ Acute vs. Chronic Infection (NEW) » Hepatitis B Foundation. (n.d.). Retrieved April 4, 2022, from <https://www.hepb.org/what-is-hepatitis-b/what-is-hepb/acute-vs-chronic-infection-new/>

- ¹⁵ NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina Hepatitis B/C Surveillance Report.
- ¹⁶ North Carolina Electronic Disease Surveillance System (NC EDSS), 12/15/2021
- ¹⁷ Wake County Health & Human Services TB Program, 5/5/21
- ¹⁸ North Carolina Electronic Disease Surveillance System (NC EDSS), 5/5/2021
- ¹⁹ North Carolina Disease Event Tracking and Epidemiologic Tool (NC DETECT) Emergency Department Visit Data (2016-2020*), Analysis by: North Carolina Division of Public Health Injury and Violence Prevention Branch Epidemiology, Surveillance & Informatics Unit
- ²⁰ The North Carolina Healthcare Association (2016-2020), Analysis by: North Carolina Division of Public Health Injury and Violence Prevention Branch Epidemiology, Surveillance & Informatics Unit
- ²¹ North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data (2016-2020*), Analysis by: North Carolina Division of Public Health Injury and Violence Prevention Branch Epidemiology, Surveillance & Informatics Unit
- ²² U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1810

Mental Health and Substance Use

Promoting mental health and addressing substance use disorders are critical components in protecting and promoting the overall health and wellbeing of communities. The Public Health 3.0 initiative specifically emphasized incorporating mental health and substance use partners into the field of public health.¹ Mental health and substance use are distinct yet interrelated health topics that our society often stigmatizes. Mental health and substance use are both influenced by social, economic, and environmental factors and ought to be considered in relationship with physical health. Mental health and substance use priorities were a combined health priority during the 2019 CHNA cycle, with two related Live Well Wake population indicators:

Priority #4. Drug Overdose Deaths: Decrease the number of deaths as a result of drug poisoning

Priority #7. Preventable Emergency Room Visits: Decrease emergency visits with a principal diagnosis related to mental health, alcohol, or substance abuse

Finding support can be challenging, but mental health help is available:

NAMI of Wake County:
<https://nami-wake.org/>

National Suicide Prevention Lifeline:
(800) 273-8255

Just 6.4% of CHOS respondents reported seeing improvements related to the mental health/substance use disorder priority area since 2019, with half still seeing mental health and substance use disorders as a concern for them today.

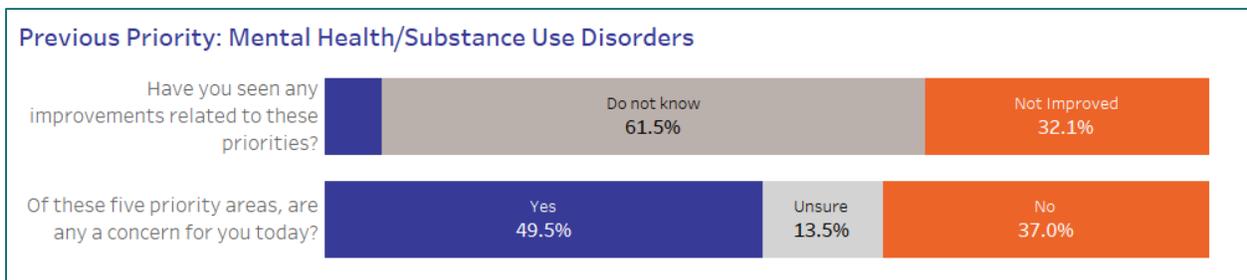


Figure 40 - CHOS responses on Mental Health/Substance Use Disorders as a previous priority

Mental Health

Mental health continued to be a major concern in the current CHNA and was selected as a community priority for 2022-2025. Mental health conditions were ranked as the top health outcome impacting the community, selected by 33.7% of CHOS respondents. Mental health was highlighted as an area of concern in all six focus groups. The full impact of the COVID-19 pandemic on mental health may not be clear for months or years, but primary data as well as steering group conversations emphasize the urgency of supporting the mental health of people of all ages in Wake County.

“If I had a magic wand, the most important thing would be mental health. There’s a lot of people who need that; they’re depressed and we’re not helping them. We think that people are at home in bed because they want to be. They don’t realize that this is a horrible disease because people get desperate and there’s no way to get out of it.”

-Focus Group Participant (Latinx Group)

Accessing mental health services was of particular concern. About half of CHOS respondents (48.4%) said that people with mental illness needed additional resources. 39.5% of respondents feel that there are not enough mental health providers in the community, which was the strongest disagreement across access to care questions. 19.7% of CHOS respondents disagree that they can find mental health resources in their community. Additionally, managing stress was the top health behavior where CHOS respondents felt people needed more information, selected by 19.9% of respondents.

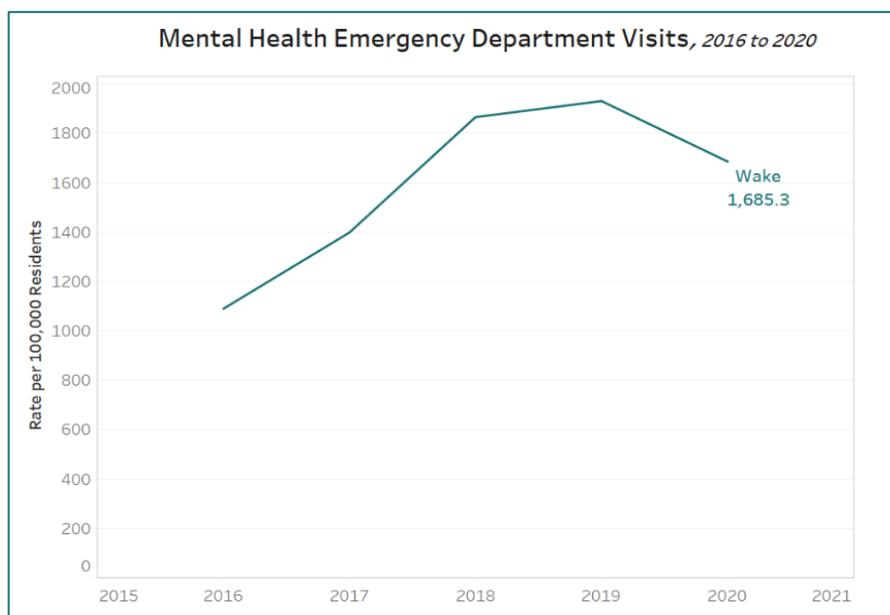


Figure 41 – 2019 Population Indicator #7: Decrease emergency visits with a principal diagnosis related to mental health, alcohol, or substance abuse

The rate of mental health emergency department visits increased from 1,089.4 per 100,000 residents in 2016 to 1,930.5 per 100,000 residents in 2019, with a drop-off in 2020 to 1,685.3 per 100,000; however, it is unclear if this drop is due to people avoiding the emergency room due to fear of COVID-19 exposure during the pandemic.² Wake County's depression prevalence among the Medicare population has increased steadily since 2013 from 14.5% to 18.2% in 2018.³

The average suicide mortality rate for 2015-2019 in Wake County is 9.5 per 100,000, which is similar to that of pneumonia and influenza (9.8 per 100,000 for 2015-2019). This rate is highest among White people and males.⁴ In recent years, suicide mortality has remained stable or slightly increased across Wake subpopulations. While the most recent rate across all races and ethnicities falls below the Healthy North Carolina 2030 target of 11.1, the suicide rate for males (14.7) and White non-Hispanic people (12.0) is above the 2030 goal. Live Well Wake selected deaths attributable to self-harm as a priority indicator in 2019.^{5,6}

PURSuing EQUITY: MENTAL HEALTH

Stigma around mental health and high cost has made it challenging for residents to access the services they need. Substance abuse treatment centers are in demand for pregnant women.

Suicide disproportionately impacts white residents and males. Support can be found at the American Foundation for Suicide Prevention: [North Carolina | AFSP](#)

[The National Alliance on Mental Illness of Wake County](#) offers free support to those affected by mental illness and focuses on recovery rather than symptom relief. Their work acknowledges the effects of racism and discrimination on mental health, and they have made a commitment to equal opportunity for all persons in getting the support needed.

[Alliance Health's](#) network of providers treats and supports people who are insured by Medicaid or are uninsured for mental illness, substance use disorders, and intellectual/developmental disabilities.



HNC 2030 Goal:
11.1 per 100,000 or lower rate of
suicide mortality
Wake: Met in 2015-2019
9.5 per 100,000

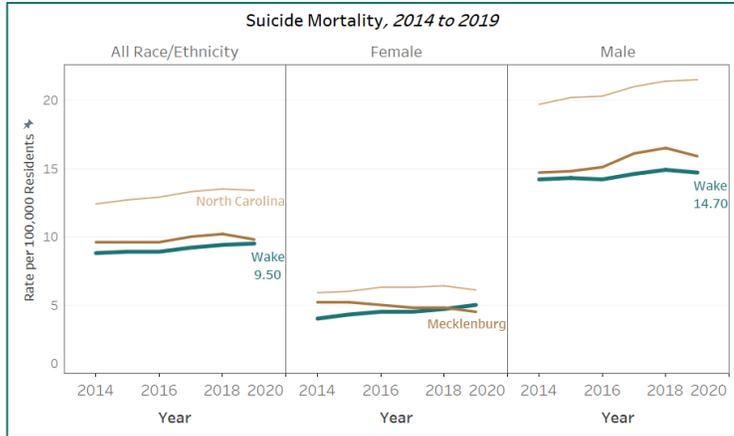


Figure 42 – 2019 Live Well Wake Priority Indicator #5: Suicide Rate: Reduce deaths attributable to self-harm

Mental health was expressed as a priority across all six focus groups. Participants discussed how basic education about what mental health is and is not would serve to decrease stigma and help people recognize when they or a loved one needs help. Recognizing when someone needs help is the first step, but participants pointed out that often people are not aware of the resources available to them or have barriers to accessing services. Barriers discussed included language, transportation, and insurance or cost. In the focus group centered around mental health, participants discussed the policy changes they felt were essential. First, have more integrated care, where physical and mental health are treated at the same locations. Second, decrease the imbalances in funding for mental health and physical health research and treatment. Third, expand coverage and lower costs for mental health treatment, including through expanding Medicaid in North Carolina.

“I have seen mental health deteriorate and I've seen mental health improve based on the contributions of a neighborhood.”

-Focus Group Participant (Older Adult Group)

“You break your arm, and you get it treated you know. So if you have a disease of the brain, you know you deserve to be treated with the illness, not to be looked down upon you know. And not to be treated as a criminal or you know or to be you know thrown away like trash because you have a mental illness and to be looked less than. It's an illness you know just like heart disease or diabetes and should be treated as such.”

-Focus Group Participant (Mental Health Group)

Substance Use

People with substance abuse disorders ranked 5th among sub-groups needing resources with 25% of CHOS prioritizing this population. Only 2.8% of CHOS respondents chose drug overdose as a top health outcome impacting the community.

The category of “other synthetic narcotics,” which includes Fentanyl and its analogues and excludes commonly prescribed opioids, has the highest mortality rate due to overdose at 7.7 per 100,000 population, followed by cocaine at 4.5 per 100,000. There has also been a significant increase in drug overdose deaths from synthetic opioids in recent years, from 1.2 per 100,000 in 2014 to 12.7 per 100,000 in 2020.⁷

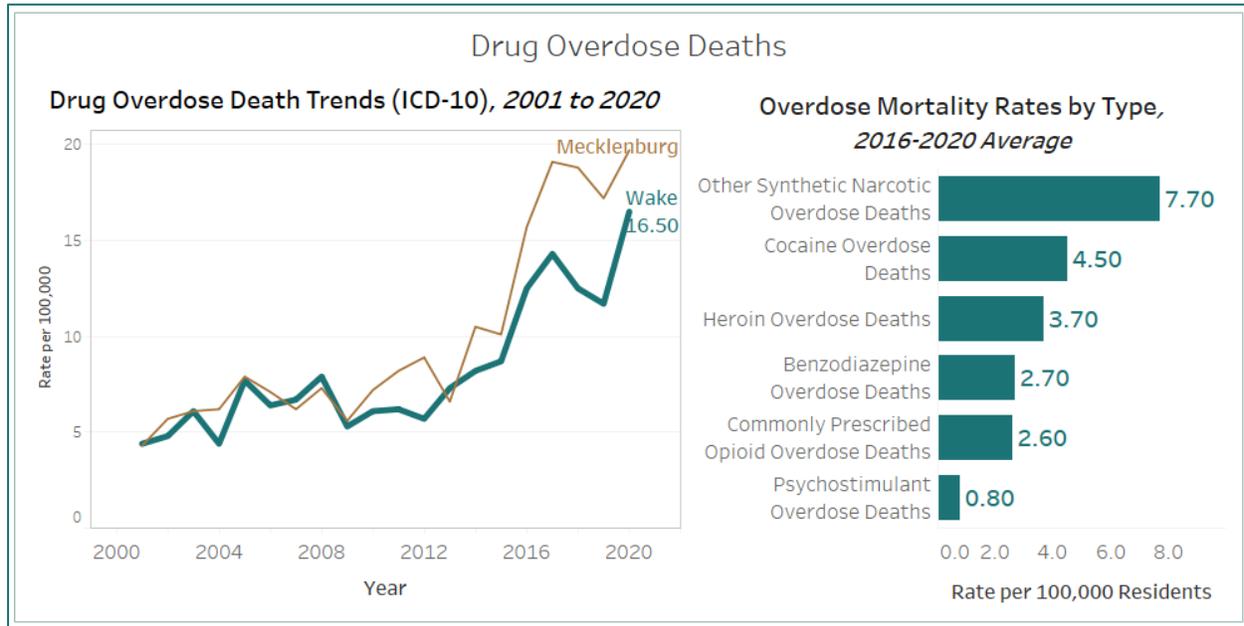


Figure 43 – 2019 Population Indicator #4: Decrease the number of deaths as a result of drug poisoning

Wake County has lower rates of emergency department visits for poisoning and medication/drug overdose compared to Mecklenburg and the rest of the state and has seen a decline in these visits between 2016-2020.⁸

Conducting a focus group with participants who were in recovery from substance use disorders offered important insight into resources and barriers related to substance use in Wake County. Participants emphasized that treatment and recovery resources are available in Wake that are not available elsewhere. Substance use treatment that is punitive or moralizing (as experienced in other parts of the state) was described as ineffective. Pathways to recovery from opioid addiction may include methadone or other medication assistance, and there need to be resources for that, but there is a mental health component of learning to cope with intense emotions without numbing them that was also described as essential to recovery. An additional barrier to treatment was highlighted: Healing Transitions (a residential substance use treatment center in Raleigh) does not accept pregnant people, and participants were not aware of other resources in the area for people seeking treatment while pregnant. There was consensus that more awareness and increased access are needed so recovery resources are distributed equitably in the county. Participants felt that whether people were offered treatment rather than being incarcerated for drug offenses was hit-or-miss and dependent on awareness of resources (the lawyer’s, judge’s, or individual’s).

¹ DeSalvo KB, Wang YC, Harris A, Auerbach J, Koo D, O’Carroll P. Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century. *Prev Chronic Dis* 2017;14:170017. DOI: <http://dx.doi.org/10.5888/pcd14.170017>

² North Carolina Disease Event Tracking and Epidemiologic Tool (NC DETECT), 12/31/2021

³ Centers for Medicare & Medicaid Services, CMS Chronic Condition Data Warehouse (CCW).

⁴ NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B.

⁵North Carolina Institute of Medicine. Healthy North Carolina 2030: A Path Toward Health. Morrisville, NC: North Carolina Institute of Medicine; 2020. Retrieved from <https://nciom.org/healthy-north-carolina-2030/>

⁶ Community Health Improvement Plan 2020-2023. Live Well Wake. Retrieved from [Community-Health-Improvement-Plan.pdf \(livewellwake.org\)](#)

⁷ Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.

⁸ Analysis by North Carolina Division of Public Health, Injury and Violence Prevention with data sourced from NC DETECT. Population denominators are from the North Carolina Office of State Budget and Management.

Reproductive and Child Health

Reproductive and child health includes a specific subset of health services and outcomes pertaining to reproductive health, pregnancy, birth, and early childhood. As with both the access to care and disease, illness, and injury sections, reproductive and child health outcomes are influenced by social, economic, and environmental factors. Reproductive and child health outcomes hold great importance as direct contributors to the health of the next generation; however, the United States holds a higher childbirth mortality rate when compared to other developed countries and has significant racial disparities in birth outcomes, particularly impacting Black non-Hispanic families.¹ Wake County’s reproductive and child health outcomes are similar or better than outcomes in Mecklenburg and North Carolina, yet racial disparities persist in the county.

Pregnancy, Fertility, and Abortion Rate

The 5-year average rates of pregnancy (67.5 pregnancies per 1,000 females ages 15-44), fertility (54.6 live births per 1,000 females ages 15-44), and induced abortion (12.6 induced abortions per 1,000 females ages 15-44) in Wake County were similar to those of Mecklenburg and the state overall.²

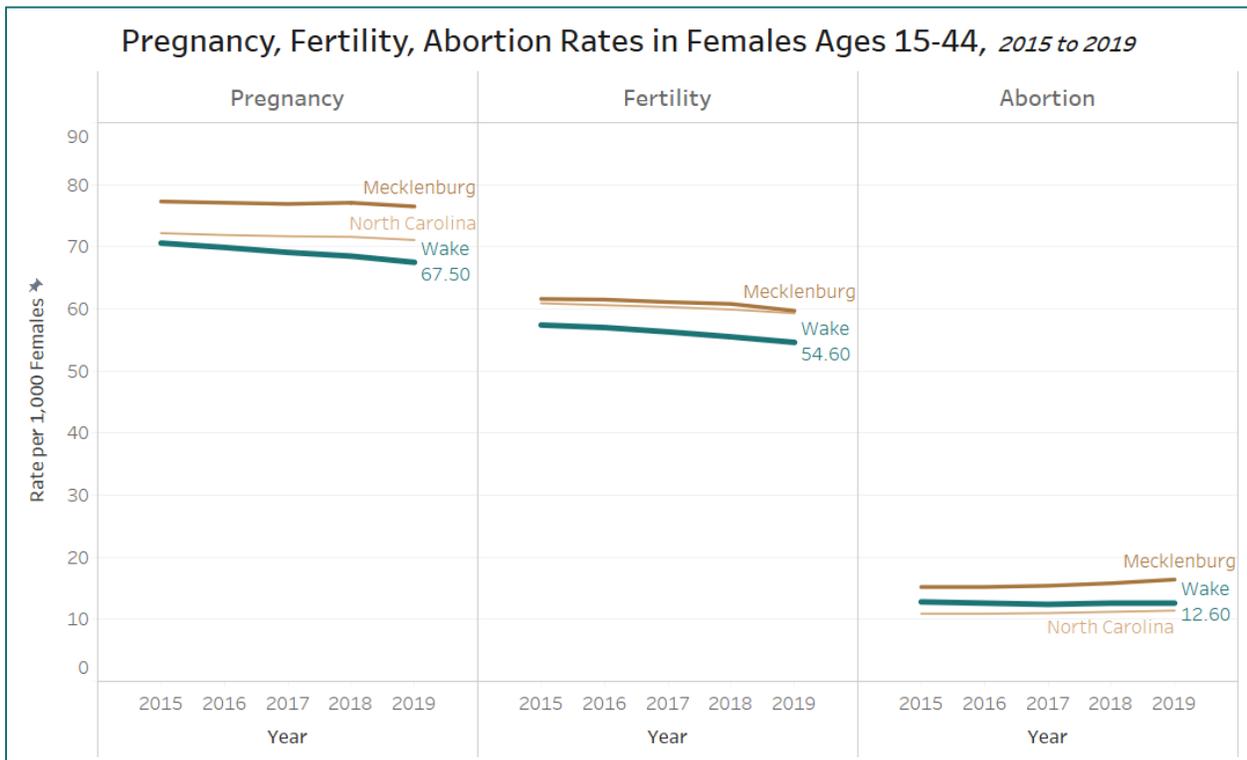


Figure 44

Pregnancy Rate = Number of pregnancies per 1,000 females ages 15 to 44

Fertility Rate = Number of live births per 1,000 females ages 15 to 44

Abortion Rate = Number of induced abortions per 1,000 females ages 15 to 44

Pregnancy rates were higher among Hispanic females at 93.3 per 1,000 females and lower among non-Hispanic White females at 56.7 per 1,000 females. Fertility rates are also highest for Hispanic females at 78.1% per 1,000 females. Relative to peer counties, Hispanic females and non-Hispanic Other Race females (neither African American nor White) have lower pregnancy and fertility rates in Wake County.²

Prenatal Care

!

HNC 2030 Goal:
80.0% or more of pregnant people
receiving first trimester services

Wake: Not met in 2019
64.3%

In 2019, about two-thirds of Wake’s births accessed prenatal care beginning in the first trimester, which is similar to Mecklenburg and the state. Accessing prenatal care in the first trimester was more likely in non-Hispanic White births (74.6%) and lower in non-Hispanic African American (53.5%) and Hispanic births (46.0%).³ In focus groups, participants expressed a need for more resources for expectant

families and parents of young children, especially mothers. Even though some resources do exist, focus group participants acknowledged that folks may not qualify for the assistance they need.

“I remember when I was pregnant, I was 35 weeks pregnant. My employer said, ‘We’re not gonna cover maternity leave’ and I was put in a situation where I had to resign. I then tried to apply for Medicaid to continue getting my prenatal care and they told me, ‘You can’t qualify because you worked the month prior and you still have some money in your bank account for savings.’”

-Focus Group Participant (Eastern Wake Group)

Wake and Mecklenburg both have significantly lower prevalence of prenatal smoking compared to the state overall. In 2020, 1.6% of Wake’s births had a birthing parent who smoked during pregnancy, compared to 6.8% for the state.³

Birth Outcomes

In 2019, 8.5% of Wake’s births were preterm, which is lower than Mecklenburg (10.8%) and the state (10.6%).⁴ Similarly, Wake’s low birth weight prevalence is lower than that of Mecklenburg (9.7% on average for 2015-2019) and North Carolina (9.3% on average for 2015-2019) with an average of 7.8% for the years 2015-2019.²

While on average, preterm and low birth weight births are less common in Wake County than in peer counties or the state, troubling racial disparities persist. In 2019, 13% of non-Hispanic Black/African American live births were preterm, compared to 8% of Hispanic live births and 7.2% of non-Hispanic White live births.³

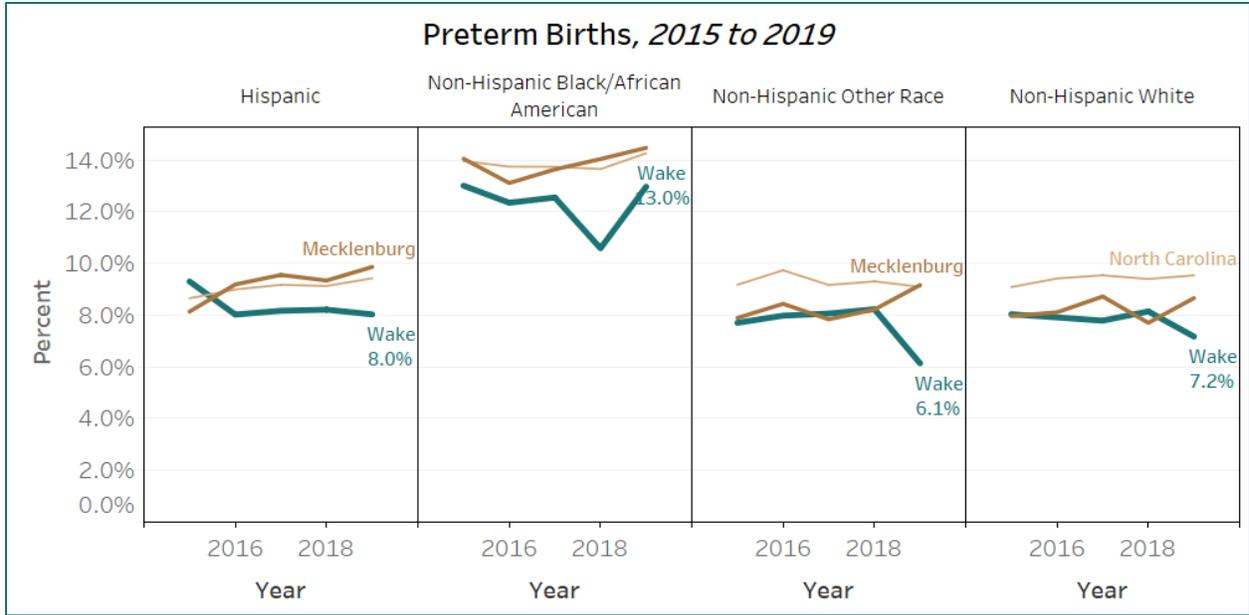
PURSuing EQUITY

The disparity in infant mortality between African American and white babies is shockingly high, with 13 African American babies dying out of every 1,000 live births compared to 2.5 white babies. This disparity increased between 2018 and 2019 (the last year data is available at the time of writing).

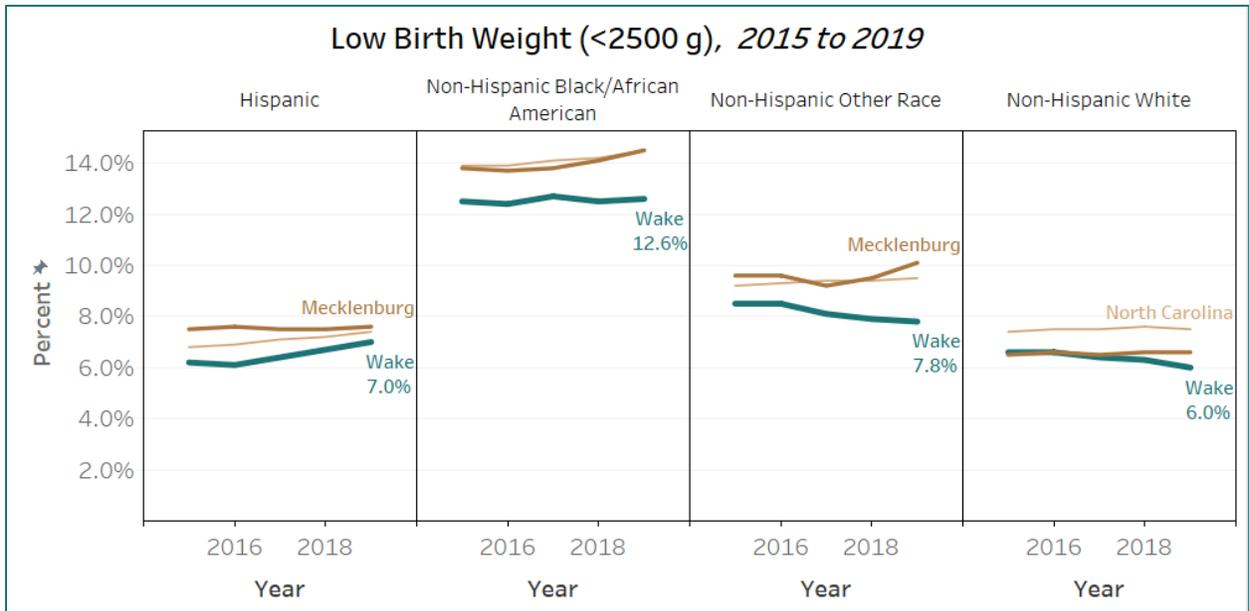
African American babies are more likely to be born preterm and are twice as likely to be born with a low birthweight than white babies.

To address these disparities, Wake County Human Services launched the **Best Babies Zone**, “a place-based, multi-sector, community-driven effort to reduce racial inequities in infant mortality and birth outcomes.” Learn more at:

<https://www.wakegov.com/departments-government/health-human-services/children-and-family-services/best-babies-zone-bbz>



The same disparity can be seen in low birthweight, with non-Hispanic Black/African American births twice as likely to have a low birthweight than non-Hispanic White births: 12.6% compared to 6% respectively.²



Infant & Child Mortality

Infant mortality is an indicator that can reflect the health of the broader community and future generation, and it also serves as a proxy indicator for health disparities. The United States persistently has a large disparity especially between Black and White birth outcomes and infant mortality, which can be traced back to historical segregation and accumulated stress from discrimination, along with a variety of other disparities in social and economic factors.⁵ Live Well Wake selected infant mortality as a priority indicator with the goal of decreasing the rate of infant deaths before year one, and infant mortality is also

a Healthy North Carolina 2030 indicator, with a state target of 6.0 infant deaths per 1,000 live births and a Black/White disparity ratio of 1.5.^{4,6}

=

HNC 2030 Goal:
6.0 infant deaths per 1,000 live births or fewer

Wake: Similar in 2019
5.8%

!

HNC 2030 Goal:
Black/White infant mortality disparity ratio of 2.4 or lower

Wake: Not met in 2019
5.2

In 2019, Wake County had an overall infant mortality rate of 5.8 per 1,000 live births - just slightly below the Healthy North Carolina 2030 target; however, the Black/White disparity ratio increased from 3.8 in 2018 to 5.2 in 2019 – nearly double that of the state with a ratio of 2.6 in 2019.⁴ For non-Hispanic Black/African American live births, 13 per 1,000 result in an infant death within the first year of life in

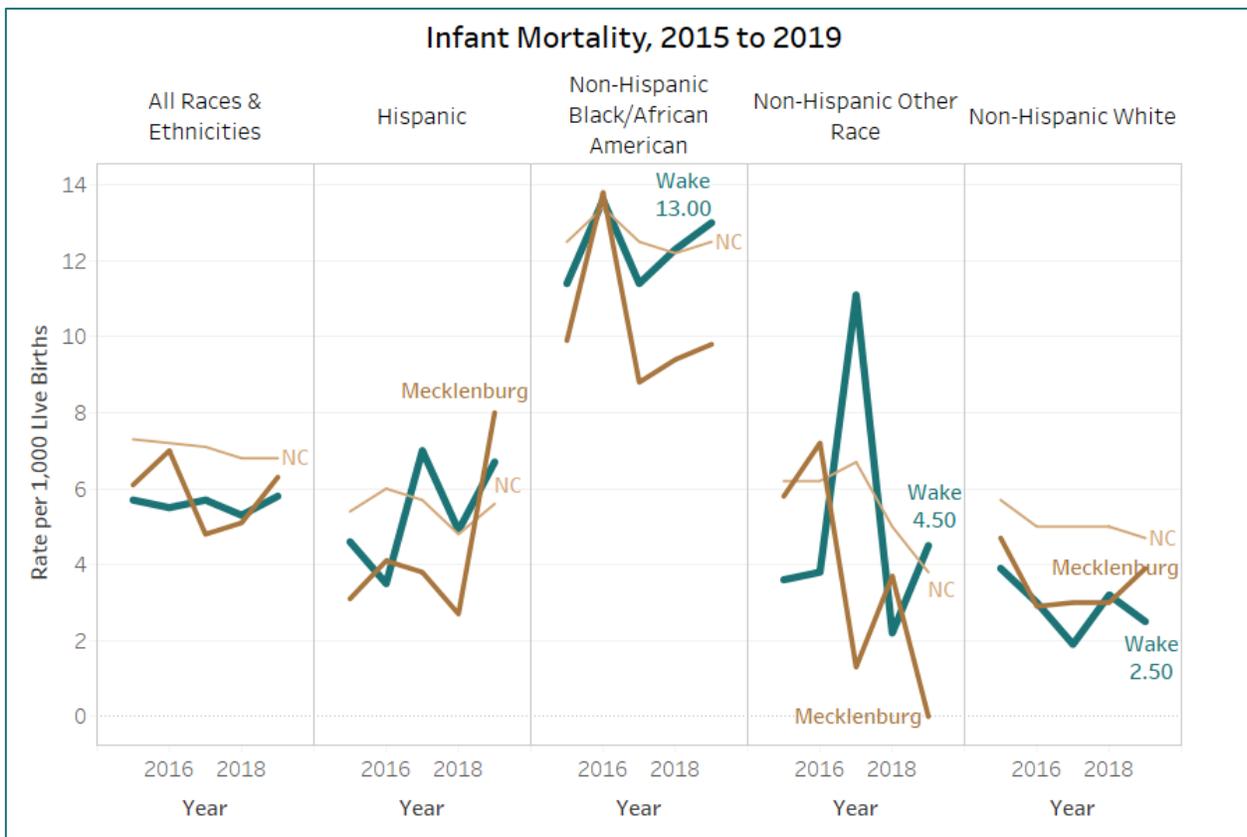


Figure 45 - 2019 Live Well Wake Priority #8: Infant Mortality: Decrease the rate of infant deaths before year one

Note: Non-Hispanic American Indian infant mortality data were suppressed due to small counts that result in unstable and unreliable estimates.

Wake County is slightly above the state average for Black/African American births. That rate is just 2.5 per 1,000 non-Hispanic White live births in Wake County, which is lower than the state average among non-Hispanic White births.⁴ While the overall county average of infant mortality is similar or slightly better than the state and Mecklenburg, that average hides the fact that White communities are experiencing significantly better birth outcomes than other racial groups, particularly Black/African American communities. Infant mortality trends are fairly stable or slightly increasing between 2015-2019 overall and across all racial categories except non-Hispanic White births, where the infant mortality rate has decreased in Wake, widening disparities.

When looking at overall child mortality, Wake County's child mortality rates are similar to Mecklenburg and the state, with a slightly lower total mortality rate. Between 2015-2019, Wake had an average child mortality rate of 41.50 per 100,000 children ages 0-17, with perinatal conditions having the highest mortality rate at 16.4 per 100,000.⁷

¹ Roosa Tikkanen et al., Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries (Commonwealth Fund, Nov. 2020). <https://doi.org/10.26099/411v-9255>

² NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics, 5-year data

³ NC Department of Health and Human Services, North Carolina State Center for Health Statistics

⁴ NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 1 year data

⁵ North Carolina Institute of Medicine. Healthy North Carolina 2030: A Path Toward Health. Morrisville, NC: North Carolina Institute of Medicine; 2020. Retrieved from <https://nciom.org/healthy-north-carolina-2030/>

⁶ Community Health Improvement Plan 2020-2023. Live Well Wake. Retrieved from [Community-Health-Improvement-Plan.pdf \(livewellwake.org\)](https://www.livewellwake.org/Community-Health-Improvement-Plan.pdf)

⁷ NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics. CDC WONDER Bridged-Race Population Estimates for population denominators.

Health Behaviors

Health Behaviors are the actions people directly take that impact their health. The County Health Ranking Model estimates that 30% of our health outcomes contribute to health behavior factors.¹ Health behaviors are closely related to the environment that surrounds us. As such, the previous sections encompass many health behavior related topics. Positive health behaviors, such as receiving recommended vaccines, seeking health care, engaging in physical activity, and more can result in improved health outcomes and reduce the risk of developing conditions like type 2 diabetes, high blood pressure, and heart disease. These behaviors are deeply impacted by other factors that may restrict one’s access and ability to choose the healthy option.

The CHOS invited respondents to select the top health behavior that people need more information about. About a fifth of respondents selected managing stress, with the next most common responses including vaccination, nutrition, and seeking health services.

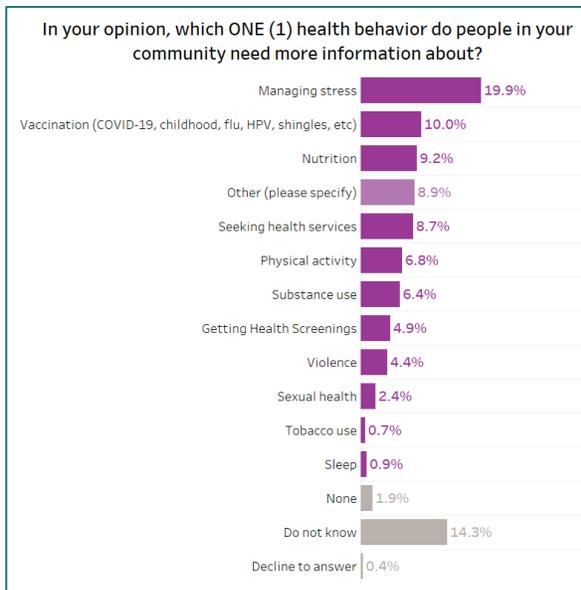


Figure 46 - Ranking of health behaviors from CHOS

Per data compiled in County Health Rankings & Roadmaps 2021, Wake County has similar or better health behavior metrics than Mecklenburg and North Carolina, with 18% of adults reporting excessive drinking, 15% of adults reporting no leisure-time physical activity, and 14% of adults reporting current smoking. County Health Rankings 2021 also reports Wake County 28% driving deaths with alcohol involvement.²

Vaccination

Vaccines are vital to protecting individuals and communities against diseases. The importance of vaccines is especially relevant for protecting children and significantly reducing the spread of diseases. In 2020, the percentage of children aged 35 months or younger who received their recommended vaccines was 93%, which is higher than years prior.³

The importance of vaccines has been emphasized over the past few years of the COVID-19 pandemic. As of March 9, 2022, Wake County has higher rates of vaccination against COVID-19 than Mecklenburg County. In Wake County, the percentage of individuals vaccinated with two doses, or one dose of J&J vaccine is 72.9% compared to 63.1% in Mecklenburg County. The percentage of individuals vaccinated with at least one booster or additional dose is 40% and 34.7% respectively.⁴

¹ County Health Rankings Model. County Health Rankings. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model?componentType=factor-area&componentId=3>
² Compiled in County Health Rankings & Roadmaps 2021, University of Wisconsin Population Health Institute
³ North Carolina Immunization Registry. (2021, December 13). NC Department of Health & Human Services
⁴ North Carolina COVID-19 Dashboard. (2022, March 9). NC Department of Health & Human Services. Retrieved from <https://covid19.ncdhhs.gov/dashboard>

survey used the Qualtrics online survey format. In all, 950 participants who initiated the survey were eligible to participate, and 885 voted on community priorities. Prioritization voters were 77% women, 57.5% White, 20.9% Black or African American, and 11.2% were Hispanic/Latino. This is similar to Wake County’s overall demographics. Youth and young adults were underrepresented in the prioritization voting survey. Residents from a variety of zip codes within the county participated in prioritization voting, as shown in Figure 46.

On March 15, 2022, Live Well Wake hosted a Community Assessment Prioritization meeting. During this meeting results from the primary and secondary data collections were shared, in addition to the results of the prioritization survey. The data presentation occurred via Zoom and the NCIPH facilitators conducted a virtual data walk. Data were grouped into three buckets: 1) Housing, Neighborhood, and Environment 2) Access to Care and Physical Health 3) Mental Health, Development and Community Cohesion. A fourth group provided an overview of the Youth Storytelling Series. Participants were split into groups randomly and attended 10-minute presentations on each of the four presentation areas. Following the presentations, the group participated in a group discussion to reflect on the data and ask questions. Finally, the group undertook voting process using Mentimeter interactive voting tool which showed results in real-time. The participants were asked to indicate up to 3 priority options, the voted then ranked the 14 priority areas. The group also decided to participate in a second vote where they combined mental health and substance use to see if that would impact the voting; however, they ultimately decided to keep mental health and substance use as separate though related topics, as keeping them separate will help focus action and improvement planning.

Prioritization Voting Results

Across the 950 community voting participants, 49% ranked affordability housing and homelessness, 45.9% access to healthcare, and 41.9% mental health - all three of which overlap with previous 2019 CHNA priorities. Meanwhile, the other previous priorities of transportation and substance use ranked ninth and tenth out of the fourteen different options.

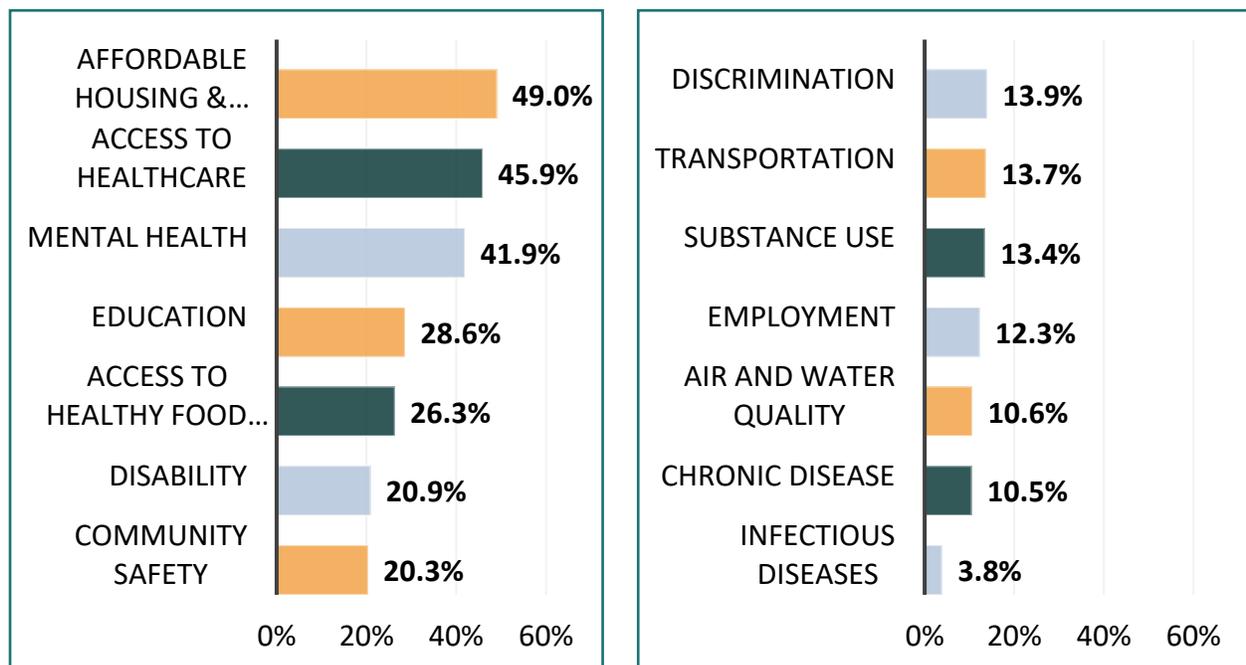


Figure 48 - Community Prioritization Voting Results

When we look across these votes by demographic data, we see that there are some variations in prioritization voting by gender, race, and age. During review of voting trends for mental health, it was noted that 44.5% of women ranked mental health as a top priority compared to 29.6% of men. Additionally, 43.7% of White voting participants selected mental health as a top priority followed by 41.8% of African American respondents and 27.8% Asian respondents. A variation among different age groups was also prevalent in voting demographics, 49.8% of respondents between the ages of 46-54 selected mental health as a compared to 18.2% of respondents between 18-24 years old.

Accessibility to healthcare received varying results from different racial and ethnic groups. 58.4% of Hispanic respondents listed healthcare access as a top priority compared to 46% of non-Hispanic respondents. When reviewing variations by age, 53.6% of respondents between the ages of 55-64 selected mental health as a top priority compared to 37.8% of respondents between 45-54 years old.

Another voting variation was reflected in housing which was listed as a top priority by 62.6% of African American respondents compared to 49.7% of White respondents, 45.7% respondents who identified as multiracial and 33.3% of Asian respondents.

When reviewing additional priorities, a discrepancy in votes was noted among different ethnic and racial groups. Disability was listed as a priority by 31.9% of African American respondents compared to 16.7% of White respondents. Discrimination was raised as a priority by 25.3% of African American respondents compared to 9.5% of White respondents and 11.1% of Asian respondents. 22.2% of Asian respondents listed substance use as a top priority compared to 14.9% of White respondents and 6.65 of African American respondents. For additional findings from voting responses by demographics please see Appendix 3.

Prioritization Meeting Demographics

The prioritization meeting included 63 participants and 60% of participants provided demographic information. Of the participants who shared demographic information, an estimated 79% identify as women, 33% identify as Black, 58% identify as White, and 8% identify as Hispanic/Latinx. About two-thirds of participants provided information on organizational affiliation. Many participants are associated with health and government with additional representation from the non-profit sector.

Prioritization Results

In the community prioritization survey, affordable housing and homelessness emerged as the top priority (49%), followed by access to healthcare (45.9%), and mental health (41.9%). In the Data Walk and Prioritization Meeting on March 15, 2022, affordable housing and homelessness again was voted as the top priority (81.4%), followed by Mental health (65.1%), and Access to healthcare (48.8%). The alignment of the community survey and the votes in the prioritization meeting affirmed the selection of these issues as the areas to focus on in the coming years.

Live Well Wake is committed to improving equity and addressing disparities within each priority area. Within each priority area, structural inequities leave some populations more vulnerable than others. Rather than creating a separate priority area to address these inequities, Live Well Wake decided to incorporate equity across all priority areas.

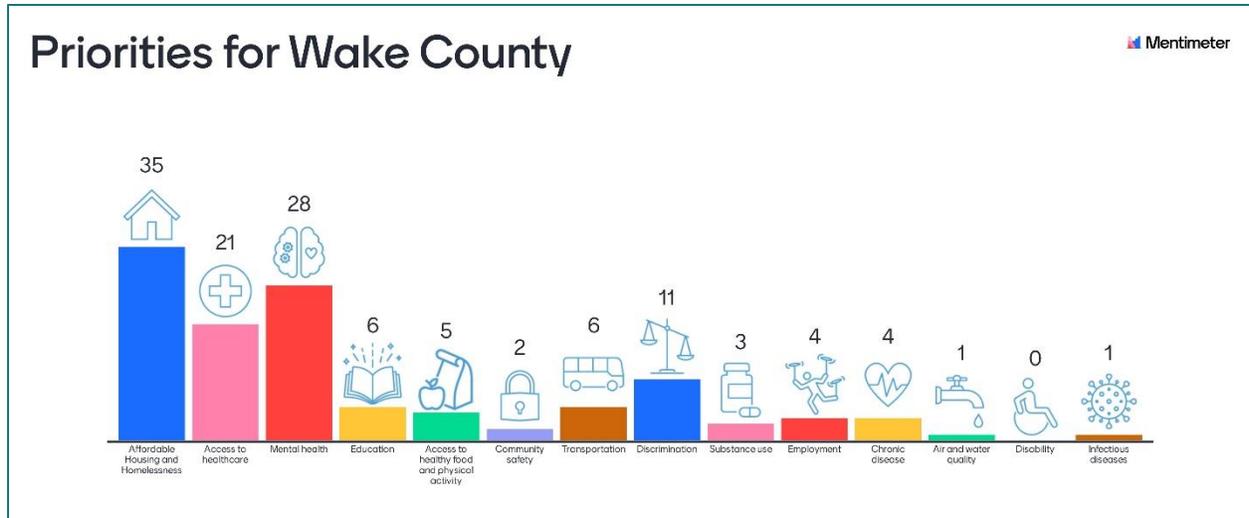


Figure 49 - Results from priority voting during data walk and prioritization meeting on March 15, 2022

Priority 1: Affordable Housing & Homelessness

Affordable Housing and Homelessness remains a priority in 2022. During data discussions and presentations, steering committee members considered how data that are available are a few years old and do not fully capture the housing concerns present since COVID-19. According to a Wake County Government news release, the county projects that one out of every four community members are struggling to find a place to live that they can afford. The county has lost 59% of its stock of rental units below \$750 a month and 40% of units below \$1,000 a month.¹ Participants also raised concern about the length of time people wait in order to secure subsidized housing, flagging this as an area where more data would be useful.

While participants acknowledged ongoing work to address housing shortages, they also raised concerns about whose needs are continuing to go unmet. As homelessness moves outside of the city center, there is concern about how easily people who are homeless will be able to access existing resources. There was interest in looking at the housing data as gentrification continues to impact Wake County.

During focus group sessions with community residents, concerns were expressed about the cost of living and expensive housing which may lead to an increase in homelessness. It was also indicated that a healthy community should have adequate housing to accommodate all community members.

“I think one of the biggest impacts, well not so much on me yet, but is on all this new housing, all the people coming in has caused our economy to go up. Housing is more expensive. I think we're gonna see more homeless people. A lot of the services are catering more to the people with a lot of money. And I think it's gonna cause a lot of issues in the long run for the whole community.”

– Focus Group Participant (Eastern Wake Group)

In prioritizing affordable housing and homelessness, the steering committee recognized that poverty and employment are an underlying factor to housing affordability. While employment was not specifically

Homeless & Emergency Shelters
AME Men’s Shelter
Dorothy Mae Hall Women’s Center
Easter Seals UCP of North Carolina
HADIT Home for Veterans
Healing Transitions
Interact of Wake County
PLM Families Together
Raleigh Wake Partnership to End and Prevent Homelessness
Raleigh Rescue Mission
Salvation Army
South Wilmington Street Center
The Helen Write Center for Women
Wake Interfaith Hospitality
Oak City Cares

prioritized in 2022, the groundwork laid from the 2019 priority will continue to provide important support in addressing this underlying factor. There are also many other existing resources and momentum to address affordable housing and homelessness as a priority area:

The Wake County Continuum of Care – NC 507 is a group of more than thirty entities who meet monthly and work to make the experience of homelessness in the county rare, brief, and non-recurring.

The Raleigh/Wake Partnership to End Homelessness creates and promotes a Coordinated Action System and maintains the Homeless Management Information System to support the Continuum of Care.

In addition to many homeless and emergency shelters, some of which are noted here, Wake County also has local

street ministries providing food, support, and other resources to people experiencing homelessness. These ministries include Dorcas Ministries, CAREPoint, Church in the Woods, and With Love from Jesus, some of which are highlighted here. Additional resources for housing and homelessness can be found in Appendix 6.

Priority 2: Access to Health Care

Access to Health Care also remains a priority in 2022, ranking as the second top priority both in the individual community and collective voting processes. During the prioritization meeting, participants discussed the existing momentum, coordination, and resources available to provide healthcare access. A full inventory of health resources by category can be found in Appendix 6. Live Well Wake also received a grant from the Centers for Disease Control and Prevention to address similar work in the coming years.

Focus group participants and prioritization meeting participants both acknowledged the relationship between transportation and healthcare access, which may disproportionately impact older adults and community members who are disconnected from safe public transportation options. Linguistic and cultural barriers also exist for many communities seeking healthcare in Wake County.

Affordability was a central topic to the access to health care conversations, with focus group participants highlighting insurance and affordability as barriers, and prioritization meeting attendees commenting on how it is important to consider the percentage of people who are uninsured and living below the poverty line.

In discussing access to healthcare, focus group and prioritization meeting participants discussed large structural changes such as universal healthcare and insurance expansion which would support improving access to healthcare. Prioritization meeting participants also highlighted the role of community health

workers and community health promoters in addressing access to care, discussing a desire for a credentialing process for these positions.

Some of the healthcare resources available for people without health insurance are included in the table to the right, and a more complete list of community resources can be found in Appendix 6. Additionally, the major hospitals in the area, including Duke Health, ² UNC Health, ³ and WakeMed Health & Hospitals, ⁴ all have financial assistance available for people experiencing poverty. Services such as WakeMed Community Case Management and the Homeless Engagement Assistance & Resource Team provide additional supports for accessing healthcare needs.

Healthcare options for people without insurance
Advance Community Health
Alliance Medical Ministry
Eastern Regional Center
Horizon Healthcare for the Homeless
Mariam Clinic
NeighborHealth Center
NCIAP People’s Medical Center
Northern Regional Center
Oberlin Outreach Center
Project Assess of Wake County
Shepard’s Care Medical Clinic
Southern Regional Center
SouthLight Healthcare
The Salvation Army
Urban Ministries
Wake County Health and Human Services Centers

Priority 3: Mental Health

In 2019, Wake prioritized mental health along with substance use. While there was much conversation about both topics throughout the assessment process, the Steering Committee ultimately decided to prioritize mental health specifically. There was acknowledgement across discussions about how connected these two topics are, while also acknowledging that each has separate action items and partners in order to make progress. The group felt that through prioritizing mental health, the county will have a more focused task at hand which will then have downstream impacts on substance use. This was supported by mental health receiving significantly more votes than substance use in both voting processes.

While mental health impacts everyone, prioritization discussions highlighted a few populations who are particularly impacted by mental health. Participants emphasized the relationship between discrimination, racism, and mental health. Medicaid transformation will create a challenge for people with severe and persistent mental illness (SPMI) as service delivery priorities change. People with SPMI are also more vulnerable to carceral punishment, with participants commenting on how a shortage of hospital beds is pushing people with SPMI into jails. Finally, suicide is impacting younger people at higher rates, placing priority on addressing mental health specifically among youth.

Ideally, Wake would like to have a holistic approach that combines both mental and physical health – a desire that came up in both focus groups and steering committee discussions. This emphasizes the relationship and connection across the three 2022 priority areas and suggests that mental health action planning takes place alongside access to healthcare action planning. One specific idea for action planning included integrated mental health first responder approaches, such as that seen in Austin, Texas.

Wake County already has a range of services addressing mental health throughout the county. For example, **Wake County Public Schools** provides preventative education and support.

The Alice Aycock Poe Center for Health Education provides Mental Health First Aid training in the community along with bullying prevention and healthy relationship training to youth.

Wake County is home to thousands of outpatient therapy providers. **NC Care 360** provides a hub for finding and referring people to a variety of service providers. The following table highlights a few additional organizations specifically working in the area of mental health. Additional resources can be found in Appendix 6 for further review.

Mental Health Resources
<p><u>Advance Community Health</u> – one of 42 Community Health Centers in North Carolina that provides behavioral health services and resources for Wake County residents. They serve more than 26,000 patients with different backgrounds and income levels. Some services include stress management, depression and anxiety screening, and grief and loss therapy.</p>
<p><u>Alliance Health</u> – manages a network for providers who deliver support and treatment for people who are uninsured or are insured by Medicaid. Provided services address mental illness, substance use disorders, and intellectual/developmental disabilities. Service options for adults include Assertive Community Treatment Teams and Community Support Teams, and for children include Multi-Systemic Therapy, Family Centered Therapy, and Intensive In-Home Therapy. The Alliance Health Provider Search Tool (https://providersearch.alliancehealthplan.org/) is available to find providers offering certain services.</p>
<p><u>Fellowship Health Resources</u> – has a Behavior Health Outpatient Clinic based in Cary and Raleigh, North Carolina that is comprised of Clinical Social Workers, Licensed Professional Counselors, and Licenses Marriage and Family Therapists. Some services include psychiatric evaluation, a comprehensive clinical assessment to identify mental health needs and service recommendations, and linkage to community-based resources and treatment centers.</p>
<p><u>Lucy Daniels Center</u> – offers a comprehensive range of therapeutic and educational programs carefully tailored to the needs of each child and family. On-site and telehealth outpatient therapy and evaluations are also accessible for families to discuss emotional and behavioral challenges.</p>
<p><u>National Alliance on Mental Illness (NAMI)</u> – this organization has worked with community volunteer leaders to address mental health for over 30 years. NAMI provides public education workshops, leads webinars, and coordinates family and recovery support groups to raise awareness and advocate for people affected by mental illness.</p>
<p><u>UNC WakeBrook</u> – behavioral health facility that offers a continuum of services for people dealing with mental health and/or substance abuse disorders, from assessment and crisis services to inpatient treatment and primary care for people with severe and persistent mental illness. Crisis services available 24 hours a day by calling 800-510-9132.</p>

¹ *Wake County Surpasses Goal of Creating 2,500 Affordable Housing Units Two Years Early* (2021, December 6). Wake County Government. Retrieved from <https://www.wakegov.com/news/wake-county-surpasses-goal-creating-2500-affordable-housing-units-two-years-early>

² Payment Plans and Financial Assistance. Duke Health. Retrieved from <https://www.dukehealth.org/paying-for-care/financial-assistance>

³ Financial Assistance. UNC Health. Retrieved from <https://www.unchealthcare.org/patients-families-visitors/billing-financial-assistance/financial-assistance/>

⁴ Financial Assistance. WakeMed. Retrieved from <https://www.wakemed.org/patients-and-visitors/billing-and-insurance/financial-assistance>

CONCLUSION

The Community Health Needs Assessment process offers a valuable opportunity to address the county's most pressing needs and advance residents' the health and well-being. Wake County is fortunate to have the Live Well Wake collaborative of hospitals, non-profits, and community leaders working together to align objectives, use data, and build action plans.

As discussed in Chapter 5, affordable housing and homelessness, access to healthcare, and mental health were identified as the top priorities for Wake County for 2022-2025. Focus group sessions highlighted cost of living, expensive housing, and lack of health insurance as concerns and barriers to optimal health outcomes for vulnerable populations. These priorities will be the foundation for improvement strategies across Wake County.

Next Steps

The development of effective community health improvement strategies and action plans are the next and final step in the CHNA process, scheduled to take place in the Summer and Fall of 2022. The action planning and implementation process has been updated compared to prior years as the County moves to align the Community Health Needs Assessment priorities with Board of Commissioner goals. The three priorities identified through the CHNA will become priorities for the Live Well Wake Collaborative to address through the development of quantifiable strategies through which progress can be measured. Representatives of the Live Well Wake Collaborative will be reaching out to invite members of the community and community organizations to action planning meetings to discuss the best ways to address the three county-level priorities. The partners believe that the most effective strategies will be those that have the collaborative support of community organizations and residents. This is an exciting time for Wake County as we look to improve the health of residents and address social determinants of health.

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APPENDIX 1: STEERING COMMITTEE MATERIALS

Invitation



A community-led initiative to find innovative solutions for our county's biggest challenges.

May 19, 2021

Dear Community Leader,

The Live Well Wake Advisory Team (LWWAT) invites you to join the 2022 Wake County Community Health Needs Assessment (CHNA) Steering Committee. The CHNA process provides a current snapshot of community needs and resources as perceived by residents, organizations, businesses, municipalities, and other stakeholders. The CHNA is a collaborative effort between Duke Raleigh Hospital, WakeMed Health and Hospitals, UNC-Rex Healthcare, Wake County Human Services, Advance Community Health, United Way of the Greater Triangle, and Wake County Medical Society Community Health Foundation. The CHNA will include community surveys, focus groups, and secondary data collection. The process culminates in a strategic planning process to create a joint Community Health Improvement Plan. The role of the Steering Committee is to:

- Represent a broad spectrum of health and community needs
- Provide feedback on the proposed process and methodology
- Identify resources and people to be a part of our surveys and focus groups
- Serve as a supportive champion to help market the process
- Offer feedback on the final report
- Along with staff, present the final report to local stakeholder groups
- Participate in the selection of priorities and development of action plans

The first Steering Committee meeting will be held virtually on **June 2, 2021, from 1:00 pm to 2:30 pm**. Three additional Steering Committee meetings will follow to align with key CHNA benchmarks.

Please click on the following link to register for the Steering Committee meeting by May 28, 2021. Use the password *Live Well* to access the meeting registration form at <https://www.eventbrite.com/e/2022-community-health-needs-assessment-steering-committee-kickoff-meeting-tickets-153558703215>

The LWWAT is excited to launch the 2022 CHNA process. We value your ongoing contributions to Wake County and look forward to continued efforts to make Wake the best place to live, grow, work, and play for all residents.

Cordially,

Live Well Wake Advisory Team

CC: Leigh Bleecker, Duke Raleigh Hospital: Chair
Sig Hutchinson, Wake County Board of Commissioners: Chair
Ashton Smith, Citrix: Chair

Advisory Team

Linda Barrett
Director, Business Development
WakeMed Health and Hospitals

Paige Bennett
Operations Manager
Wake County

Leigh Bleecker, Chair
Interim President
Duke Raleigh Hospital

Nannette Bowler
Director, Human Services
Wake County

Jennifer Brighton
Interim Executive Director
Wake County Medical Society
Community Health Foundation

Samone Bullock-Dillahunt
Community Engagement Manager
Advance Community Health

Dorothy Cilenti
Interim Public Health Director
Wake County

Andi Curtis
Government Affairs Manager
WakeMed Health and Hospitals

Erin Gill
Community Relations Coordinator
UNC Rex Healthcare

Kerry Grace Heckle
Director of Public Relations,
UNC Rex Healthcare

Camille Grant Valentine
Director of Community Affairs
Duke Raleigh Hospital

Jeff Howell
Leader, Program Performance
United Way of the Triangle

Sig Hutchinson, Chair
Commissioner
Wake County Board of Commissioners

Andrea Layton
Administrative Director
Duke Raleigh Hospital

Ashton Smith, Chair
Sponsorship and Brand Engagement
Citrix

Lechelle Wardell
Program Administrator
Wake County Human Services

James West
Human Services Board Liaison
Commissioner
Wake County Board of Commissioners

Kelly Wright
Director of Marketing and
Communications
Advance Community Health

Emily Zeigler
Director of Government Affairs
UNC Rex Healthcare

info@livewellwake.org

Meeting Agendas

June 2, 2021



2022 CHNA Kick-off Meeting Agenda

June 2, 2021

1:00PM-2:30PM

WebEx:

<https://wakegov.webex.com/wakegov/j.php?MTID=mdaaa7009a9e5d90bc20938b0f4e9a4d5>

I. Welcome & Introductions

- Sig Hutchinson, Wake County Commissioner
Live Well Wake Board of Commissioners Chair
- Ashton Smith, Sponsorship and Brand Engagement Program Manager, Citrix,
Live Well Wake Business/Community Partner Chair
- Leigh Bleecker, Interim President, Duke Raleigh Hospital
Live Well Wake CHNA Health System Chair
- Nanette Bowler, Wake County Human Services Director

II. Live Well Wake Overview

- Kimberly Scott, Live Well Wake Program Manager, Wake County Human Services

III. Wake County CHNA Purpose

- Andrea Layton, Administrative Director, Outpatient Ambulatory Services, Duke Raleigh Hospital

IV. 2022 Assessment Overview

- Elizabeth Thomas, Community Engagement Coordinator, North Carolina Institute for Public Health (NCIPH)

V. Steering Committee Charge & Next Steps

October 15, 2021



2022 CHNA Steering Committee Meeting Agenda

Friday, October 15, 2021

10:00 AM-11:30 AM

Zoom: <https://duke.zoom.us/j/97716170489?pwd=U0lIWkpEN2JXVVJPODNZRnitU0NYQT09>

I. Welcome & Introductions (10:00 AM – 10:10 AM)

*Sig Hutchinson, Wake County Commissioner
Live Well Wake Board of Commissioners Chair*

*Leigh Bleecker, Duke Raleigh Hospital
Live Well Wake CHNA Health System Chair*

II. June Kickoff Meeting Recap (10:10AM – 10:15 AM)

Kimberly Scott, Live Well Wake, Wake County Health and Human Services

III. 2022 Assessment Updates (10:15 AM- 11:20AM)

*Allison Singer, Margaret Benson-Nemitz, and Rose Byrnes
University of North Carolina-North Carolina Institute for Public Health*

- Community Health Opinion Survey Timeline (5 minutes)
- Focus Group (45 minutes)
 - Data of Interests
 - Populations of Interests
- Secondary Data (10 minutes)

Leah Holdren, Communications Consultant, Wake County Government

- Communications (5 minutes)

IV. Closing Remarks and Next Steps (11:20-11:30AM)

February 18, 2022 (Data Walk)

Wake CHNA Data Walk

Friday, February 18, 2022
12-2:00 PM

Zoom: <https://unc.zoom.us/j/93267088708>
Meeting ID: 932 6708 8708

12:00 Welcome & Overview

12:10 Slide Presentation Reviewing Data Collection Process and Data Limitations

12:20 Dashboard Walkthrough: Part 1

- Community Demographics
- Community Health Opinion Survey Results
- Economic Opportunity
- Housing and Neighborhood Environment
- Education and Community Context

12:45 Open Discussion

1:00 Dashboard Walkthrough: Part 2

- Access to Care
- Disease, Illness, & Injury
- Mental Health and Substance Use Disorders
- Reproductive and Child Health

1:40 Breakout Groups

1:55 Summarize and Next Steps

March 15, 2022 (Prioritization)

Wake Community Health Needs Assessment 2022

Prioritization Meeting Agenda

Tuesday, March 15 at 1:00 PM

Call Information

Zoom Meeting: <https://unc.zoom.us/j/95510977401>

Meeting ID: 955 1097 7401

Agenda

1:00	Welcome and Introductions	LWWAT Leadership
1:10	Overview of Prioritization Process	NCIPH Team
1:20	Review & Discussion of Prioritization Data	Breakout Rooms
	A. Housing, Neighborhood, & Physical Environment	Margaret Benson Nemitz
	B. Access to Care & Physical Health	Alison Singer
	C. Mental Health, Community Cohesion, & Development	Rose Byrnes
	D. Youth Photovoice Data	Lucas Griffin
2:10	Community Prioritization	Facilitated Discussion by NCIPH
2:30	Conclude	

APPENDIX 2: PRIMARY DATA COLLECTION INSTRUMENTS

Community Health Opinion Survey Instrument

[Note: survey was available in six languages, but is provided in English here for reference]

Intro

Live Well Wake, in partnership with the Wake County health department, hospitals, and community partners, is currently completing a Community Health Needs Assessment. We are asking people throughout the community to complete the following survey to share your opinions on healthcare and other health-related issues in the County. All the opinions you share with us will be completely confidential and will be reported as a group summary. The results will help to address the major health and community issues in our county and more specifically your community.

The survey is completely voluntary. It should take no longer than 15-20 minutes to complete. We are only asking one adult, 18 and older, per household to complete the survey.

At the end of the survey, you will be invited to enter a raffle for a \$25 gift card as a thank you for completing the survey. You will also be asked if you would like to participate in helping the county select priorities in January-February. Your participation in both the raffle and the prioritization process is optional. The information you provide (name and email address) is collected in separate form and is not stored with your responses to this survey.

1. Did you receive a postcard inviting you to participate in the Wake County Community Health Needs Assessment Survey? Below is a picture of the postcard. *We are still interested in hearing from you even if you did not receive a postcard*



- Yes
- No
- Do not know

2. Please enter the number that follows "Wake Community Member" on the postcard you received.

You can find the number that follows "Wake Community Member" in the address field of your postcard. The number should be between 1 and 3000. Below you will find an image of the postcard.



3. Are you 18 years old or older?

- Yes
- No ***Thank you for your interest in completing the survey. Unfortunately, you are not eligible to participate in this survey due to your age.***

4. Do you live in Wake County?

- Yes
- No ***Thank you for your interest in completing the survey. Unfortunately, you are not eligible to participate because you do not live in Wake County.***

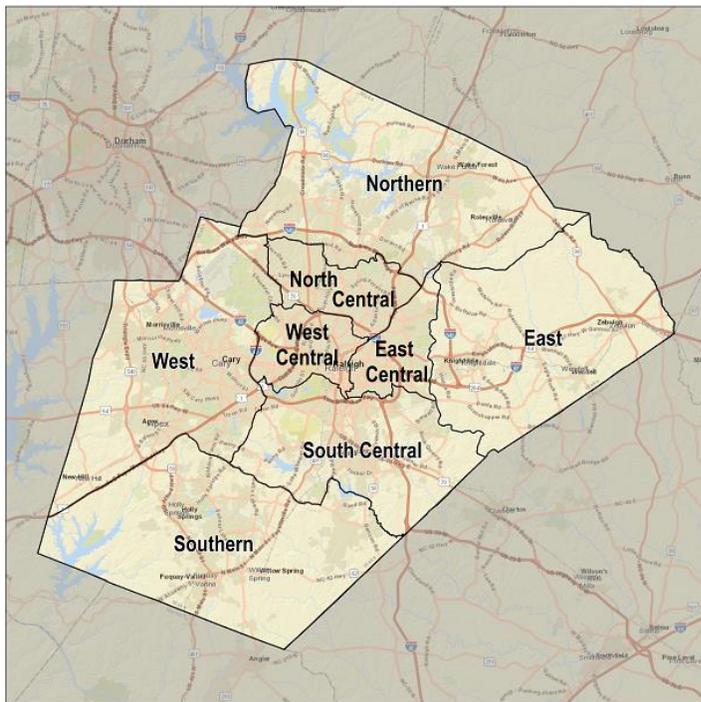
Great! You are eligible to participate!

5. Would you like to participate in this survey?

- Yes
- No *That's all then! Thank you for your time.*

6. What is the **5-digit** ZIP code of your residence? Enter 99999 if you don't know or prefer not to respond.

7. Wake County is divided into eight service zones.



Based on the map provided above, in which area would you say you primarily live? (If you are not sure, please make your best guess.)

- East Central
- East
- North Central
- Northern
- South Central
- Southern
- West Central
- West

Community

The following questions will gauge how you see certain parts of Wake County life while also asking about community problems, issues, and services that are important to you.

8. Please tell us whether you "strongly disagree", "disagree", "neither agree nor disagree", "agree" or "strongly agree" with each of the following statements for the community in which you live:

- My community is a good place to have a baby.
- My community is a good place to raise children.
- My community is good place to grow old.
- My community is accessible to people with disabilities.
- My community is inclusive and respectful of diversity.
- I can access good healthcare in my community.
- I am connected and socially supported by others in my community (family, friends, neighbors, etc.).

9. Please tell us whether you "strongly disagree", "disagree", "neither agree nor disagree", "agree" or "strongly agree" with each of the following statements for the community in which you live:

- I can find enough economic opportunity in my community.
- I feel safe living in my community.
- The environment in my community is clean and supportive.
- I can find enough recreational and entertainment opportunities in my community.
- There are places where I can be physically active in my community.
- I can easily access healthy and affordable food.
- I can access good education in my community.

10. Please tell us whether you "strongly disagree", "disagree", "neither agree nor disagree", "agree" or "strongly agree" with each of the following statements for the community in which you live:

- I can find affordable housing in my community.
- I can easily travel within my community.
- I can find resources that promote sexual health in my community.
- I can find mental health resources in my community
- I can find resources that to help with substance use disorders (including opioids) in my community.
- I can find resources to help quit using tobacco products in my community.
- There are adequate affordable resources in my community to support youth.

11. In your opinion, which ONE (1) **health behavior** do people in your community need more information about? *(If there is a health behavior that you consider the most important and it is not on this list, please*

select "Other" and write it in.)

- Nutrition
- Physical activity
- Managing stress
- Seeking health services
- Sexual health
- Sleep
- Substance use
- Tobacco use
- Vaccination (COVID-19, childhood, flu, HPV, shingles, etc.)
- Violence
- Getting Health Screenings
- Other (please specify): _____
- None
- Do not know
- Decline to answer

12. In your opinion, which ONE (1) of the following **medical care access issues** needs the most improvement in your community? *(If there is an issue that you think needs improvement that is not on this list, please select "Other" and write it in.)*

- Availability of health providers
- Number of health facilities
- Location of health facilities
- Hours of healthcare facility operations
- Community awareness of preventive care/screenings
- Ability to receive preventive care/screenings
- Quality of provided healthcare
- Affordability of healthcare
- Respectful care
- Inequalities in the healthcare system
- Other (please specify) _____
- None
- Do not know
- Decline to answer

13. In your opinion, which ONE (1) **social and economic factor** is impacting the health of your community the most? *(If there is a factor that you consider to have the most impact and it is not on this list, please select "Other" and write it in.)*

- Discrimination
- Lack of educational opportunities

- Lack of employment opportunities
- Lack of sufficient income
- Lack of access to healthy and affordable food
- Lack of community and social support
- Lack of recreational and entertainment opportunities
- Lack of community and interpersonal safety
- Lack of affordable, safe housing
- Other (please specify): _____
- None
- Do not know
- Decline to answer

14. In your opinion, which ONE (1) of the following **needs the most improvement** within your community? *(If there is a need that you consider to have the most impact and it is not on this list, please select “Other” and write it in.)*

- Access to affordable housing
- Access to healthy and affordable foods
- Access to spaces for physical activity
- Access to transportation options (buses, commuter rail, bike paths, etc.)
- Environmental quality (air, water, etc.)
- Access to employment opportunities
- Other (please specify) _____
- None
- Do not know
- Decline to answer

15. In your opinion, which ONE (1) of the following **health outcomes** most impacts your community? *(If there is an outcome that you consider to have the most impact and it is not on this list, please select “Other” and write it in.)*

- Chronic diseases and conditions (heart disease, cancer, asthma, diabetes, etc.)
- COVID-19
- Drug overdose
- Injuries
- Mental health conditions
- Poor birth outcomes
- Other (please specify) _____
- None
- Do not know
- Decline to answer

16. From the list provided, which areas most impact the health of your community? Please select UP TO THREE (3) options. *(If there is an area that you consider to have the most impact and it is not on this list, please select "Other" and write it in.)*

- Access to healthy and affordable food
- Community and social support
- Discrimination
- Education
- Employment
- Environmental Quality (air, water, etc.)
- Healthcare (access, cost, quality)
- Affordable housing and homelessness
- Physical activity
- Physical environment (streets, buildings, parks, infrastructure, etc.)
- Poverty
- Safety
- Substance use & addiction (including tobacco)
- Transportation options
- Other (please specify) _____
- None
- Do not know
- Decline to answer

17. In your opinion, which population sub-group(s) needs additional resources within your community? Please select all that apply. *(If there is a population sub-group that needs additional resources and it is not on this list, please select "Other" and write it in.)*

- Persons with disabilities
- Youth
- Seniors
- Homeless population
- Persons in poverty
- Persons with mental illness
- Persons with substance use disorders
- LGBTQ+ communities
- Immigrants and refugees
- Other (please specify) _____
- None
- Do not know
- Decline to answer

Wake County completed a Community Health Needs Assessment in 2019. These questions allow you to provide feedback regarding the 2019 Community Health Needs Assessment.

18. Are you aware that Wake County completed a Community Health Needs Assessment in 2019?

- Yes
- No
- Do not know
- Decline to answer

19. The 2019 assessment resulted in the following five priority areas: 1) Transportation, 2) Employment, 3) Access to Care, 4) Mental Health/Substance Use Disorders, and 5) Housing and Homelessness. Have you seen any improvements related to these priorities? For each, please select “Improved”, “Not Improved”, or “Do not know”.

- Transportation
- Employment
- Access to Care
- Mental Health/Substance Use Disorders
- Housing and Homelessness

20. Of these five priority areas, 1) Transportation, 2) Employment, 3) Access to Care, 4) Mental Health/Substance Use Disorders, and 5) Housing and Homelessness., are any a concern for you today? For each, please select “Yes”, “No”, or “Unsure/Do not know”.

- Transportation
- Employment
- Access to Care
- Mental Health/Substance Use Disorders
- Housing and Homelessness

Health Decisions

This next section of questions will focus on your health. Again, all the opinions you share with us will be completely confidential.

21. What do you believe most influences your decision to put off going to the doctor for issues related to your physical health? Please select all that apply.

- Cannot get an appointment
- Long wait times
- Do not have time in my schedule
- Do not have child care

- Lack of adequate transportation
- Do not know where to go
- Educational barriers
- Telehealth technology (electronic visit via web or phone app) is undesirable to use
- Not sure if provider uses telehealth technology
- It is too expensive
- Lack of health insurance
- Insurance is not accepted by available health care providers
- Shortage of healthcare professionals
- Concerns about COVID-19 safety
- Unable to find a provider that speaks my language
- Cultural/religious beliefs
- Stigma associated with going to the doctor
- Mistrust of medical professionals
- Belief that going to the doctor doesn't help
- Do not want to find out that I am sick
- I hope the problem will go away without having to go to the doctor
- Other (please specify) _____
- I do not put off going to the doctor for issues related to my physical health
- I do not need to go to the doctor for issues related to my physical health
- Decline to answer

22. From the list provided, where do you feel you most often seek medical attention for issues related to your physical health?

- Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)
- Emergency department
- Health department
- Primary care provider (doctor, nurse, etc.)
- Walk-in/Urgent care center
- Telehealth/Televisit (electronic visit via web or phone app)
- Social media/Internet
- I do not seek care
- Other (please specify) _____
- Decline to answer

23. What do you believe most influences your decision to put off going to the doctor for issues related to your mental health? Please select all that apply.

- Cannot get an appointment
- Long wait times

- Do not have time in my schedule
- Do not have child care
- Lack of adequate transportation
- Do not know where to go
- Educational barriers
- Telehealth technology (electronic visit via web or phone app) is undesirable to use
- Not sure if provider uses telehealth technology
- It is too expensive
- Lack of health insurance
- Insurance is not accepted by available health care providers
- Shortage of healthcare professionals
- Concerns about COVID-19 safety
- Unable to find a provider that speaks my language
- Cultural/religious beliefs
- Stigma associated with going to doctor for mental health
- Stigma associated with the diagnosis of a mental health condition
- Mistrust of medical professionals
- Belief that going to the doctor doesn't help
- Do not want to find out that I am sick
- I hope the problem will go away without having to go to the doctor
- Other (please specify) _____
- I do not put off going to the doctor for issues related to my mental health
- I do not need to seek care for issues related to my mental health
- Decline to answer

24. From the list provided, where do you feel you most often seek care for issues related to your mental health?

- Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)
- Emergency department
- Health department
- Primary care provider (doctor, nurse, etc.)
- Mental health provider (therapist, psychologist, psychiatrist, counselor)
- Walk-in/Urgent care center
- Telehealth/Televisit (electronic visit via web or phone app)
- Social media/Internet
- I do not seek care
- Other (please specify) _____
- Decline to answer

25. Please tell us whether you "strongly disagree", "disagree", "neither agree or disagree", "agree" or "strongly agree" with each of the following statements about the community in which you reside:

- Residents can access a primary care doctor, including nurse practitioners and physician assistants (Family/General Practitioner, Ob/Gyn, Pediatrician) when needed.
- Residents can access a medical specialist (Cardiologist, Dermatologist, etc.) when needed.
- There are enough providers accepting Medicaid in my community.
- There are enough providers accepting Medicare in my community.
- There are enough bilingual healthcare providers in my community.
- There are enough mental health providers in my community.
- There are enough substance use disorder treatment providers in my community.

Demographics

We are almost finished! We just need to know a little more about who you are. Just to remind you, all the information you give us will be completely confidential.

26. What is your gender? Please select all that apply.

- Man
- Woman
- Non-binary
- Genderqueer/Gender Fluid
- Cisgender
- Transgender
- Self-identify: _____
- Decline to answer

27. What is your age in years? _____

28. What is the highest level of education you have completed?

- Did not complete high school
- High school graduate (includes GED)
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate
- Other (please specify) _____

- Decline to answer

29. What is your ethnicity? Please select all that apply.

- Hispanic/Latino
- Non-Hispanic/Latino
- Other (please specify) _____
- Decline to answer

30. What is your race? Please select all that apply.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Multiracial
- Native Hawaiian or Other Pacific Islander
- White
- Other (please specify) _____
- Decline to answer

31. Do you currently have health insurance or some type of health plan that helps you pay medical expenses? *Examples are Medicare, Medicaid, employer-based coverage, or private insurance.*

- Yes
- No
- Do not know
- Decline to answer

32. What type of health insurance do you currently have? Please select all that apply.

- Medicare
- Medicaid or Health Choice
- Health insurance through my employer or my spouse's employer
- Privately purchased insurance (including through Healthcare Marketplace)
- Military, Tricare, CHAMPUS, or Veterans' Administration benefits
- Covered by parent's insurance
- University or college insurance plan
- I have insurance, but do not know the source
- Other, please specify _____

- Decline to answer

33. What language(s) do you speak at home? Please select all that apply.

- English
- Spanish
- Arabic
- Swahili
- French
- Vietnamese
- Other (please specify) _____
- Decline to answer

34. What is your employment status?

- Employed full-time
- Employed part-time
- Retired
- Student
- Unemployed/short-term (less than 27 weeks)
- Unemployed long-term (27 weeks or longer)
- Person with disabilities unable to work
- Homemaker
- More than one job
- Decline to answer

35. Including yourself, how many people of all ages live in your household more than half the year? *A household includes all persons who are current residents of a house, apartment, or mobile home.*

- Number of Individuals: _____
- Do not know
- Decline to answer

36. What is your annual household income in the past 12 months?

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999

- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more
- Do not know
- Decline to answer

37. Are you interested in participating in helping the county select health priorities in January-February 2022 and/or entering the raffle for a \$25 gift card as a thank you for completing the survey?

If you are interested, you will be directed to a survey where you can enter your contact information and we may contact you at a later date.

- Yes *(forward arrow will submit survey responses and take you to a new survey form)*
- No *(forward arrow will submit the survey responses and you will be done) à **That's the end!** Thank you very much for completing the Community Health Survey.*

Wake Contact Prioritization

Thank you for participating in the Wake Community Health Needs Assessment Survey. Are you interested in helping select health priorities?

- Yes
- No

Are you interested in entering the raffle?

- Yes
- No

Please enter your contact information.

Name: _____

Email: _____

That's the end! Thank you very much for completing the Community Health Survey.

Focus Group Guide

Wake County CHNA 2022 – Focus Group Guide

Facilitators thank people for joining and introducing themselves

NOTE-TAKER: Overview of Community Health Assessment: We're helping Wake County with their Community Health Assessment this year. They'll be gathering information from surveys, focus groups, and data from programs to identify the health needs and priorities in Wake County. They will put together all the information into a report that is used to plan programs and policies for the health department and other community groups.

LEAD: Overview of focus groups: We use focus groups to hear from particular groups of people about their experiences and ideas in their own words. As a part of the Community Health Assessment, we are speaking with specific groups of folks who live in Wake County. We look for common themes and key insights and summarize those in the Community Health Assessment report.

1. The focus group today will last about an hour.
2. Participation in the focus group is voluntary. If you decide not to participate, it will not affect your benefits or care from county services. You can also choose not to answer any questions you feel uncomfortable discussing.
3. We will be recording today's discussion. The recordings are just for us so we can remember what people said. The recording and any notes about the groups will only be accessible to our small team of people at UNC helping with the community health assessment. Once we've finished the report, we'll delete the recording. Your names will not be included in the report. If you don't want to be recorded, you can decide not to participate in the focus group.
4. In a minute we'll ask everyone to let us know if they want to participate, and if they agree to keep everything we discuss today confidential.
5. After the discussion, we'll mark each of you as having attended this group on a confidential list so that the Live Well Wake team can get you your Thank You bundle in appreciation for your time.

NOTE-TAKER: Confidentiality: We won't be asking anyone to reveal anything about their own health or personal struggles, but we will be discussing some topics that can be sensitive. To have the most open and honest discussion we can, we need to feel confident we can trust each other to keep this discussion confidential. We will confirm with each of you whether you agree not share anything that others say today with anyone outside of the group.

LEAD: Does anyone have any questions? About the group today or the community health assessment in general?

NOTE-TAKER: Confirmation of participation and confidentiality: We're going to move all of you to a waiting room and bring you in one at a time to ask you individually if you would like to participate and if you will keep confidential what is shared today. [Ask each participant about consent, confidentiality, and confirm they live in Wake] [Lead will mark participation off on the Wake spreadsheet on the Wake Teams site]

LEAD Ground rules: Great! Now that everyone has consented and agreed to keep confidentiality, we'll review a couple of ground rules:

1. Disagreement is OK - It's OK to disagree! In fact, we welcome differences of opinion. We just ask that you do it in a respectful way.
2. We ask that you try your hardest not to interrupt anyone when they're speaking. If you notice that you've been speaking a lot, maybe take a breath and let others step up so we can hear from everyone.
3. And lastly, if it's loud where you are, try to keep yourself on mute until you're ready to speak.

I'm going to start recording now. [START RECORDING**]**

Healthy Community

As folks get settled, ask them to spend a few minutes thinking about what they like best about living in this area

1. Let's go around the room and introduce ourselves and say what's the best thing about living in this area?
2. Thinking about this area, how would you describe your community in your own words?
 - a. Who is included in this community?
3. Let's dream for a moment: When you hear the words "healthy community," what comes to mind? What would an ideal healthy community include/look like to you?
 - a. Prompt participants to broadly think about "health" during today's discussion
 - b. Prompt: Healthy food, recreation, housing, employment, faith, healthcare, safety...
4. Think about moments where you've seen examples of this ideal healthy community - where you've see joy, health, connection, and safety [any other summaries from above] in your community. What are some images or stories that come to mind?
 - a. In these stories, what is helping people be healthy in Wake County?
 - b. When do you feel most safe in your community?

Barriers

Now that we've taken a moment to dream and see where we have strengths in your community, we want to shift and think about what is holding us back.

5. Think about the ideals we were just brainstorming about, what is getting in the way of everyone living out those ideals?
 - a. Sometimes even when a service exists to help, it doesn't mean everyone is getting it. What are some of the barriers that prevent people from accessing these services? [Reference specific, if mentioned]
 - i. How do people in your community find out about the services that exist?
 - b. *If it hasn't yet come up, probe about mental health and systems/structures*
6. How would you like to see these barriers addressed?
 - a. Who would need to be a part of addressing barriers?
 - b. To what extent do you feel you can influence solutions to these challenges?

Community Change

7. There has been a lot of change in Wake in recent years. Thinking back over, let's say, 5 years – what changes have had the biggest impact on your life?
 - a. What changes have brought excitement and hope?

- b. What changes have brought you concern?
- c. How have you seen your neighborhood change?
- d. How have these changes impacted how you relate to your community?

Closing

- 8. If you had a magic wand and could bring a resource to your community or strengthen an existing resource, what would you bring or strengthen?
- 9. Out of everything we talked about today, what are the most important issues for your community to address?

Facilitators thank people for their time and recap next steps.

APPENDIX 3: SURVEY METHODS AND RESULTS

Sampling Methods

The North Carolina Institute for Public Health (NCIPH) presented four sampling options to the CHA leadership team and the group decided on a stratified random sample, proportional to size, of 2,000 addresses in all 8 service zones. The group also agreed that an additional 1,000 random addresses should be selected in service zones that had a lower response in the 2019 survey and in zones with a higher proportion of marginalized populations (see table below for inclusion criteria). Tax parcel data for Wake County was downloaded September 2021 and converted to points on GIS map and intersected with health zone. Then residential addresses were selected resulting in 328,191 total addresses.

Service Zone	Reason for Oversample
East and East Central	Low response 2019 + marginalized populations
North Central and South Central	Marginalized populations

This strategy resulted in the following distribution of random addresses selected in each service zone:

Health Zone	2020 Population	Addresses in service Zone (sample frame)	Total Addresses Selected
East Central	74,087	21,848	323
East	86,866	28,695	424
West Central	103,507	20,112	123
North Central	118,228	28,723	424
South Central	125,819	35,923	531
Southern	150,669	50,651	309
Northern	179,019	58,180	355
West	291,215	84,059	512
TOTAL	1,129,410	328,191	3,000

Postcards were mailed out the following dates: 10/27, 11/5, 11/18, 11/30 (postmarked). A total of 76 postcards were returned to NCIPH as undeliverable.

Survey Results by Demographic Filters

Survey results were analyzed by NCIPH according to sample (random vs convenience), service zone, and stratifications based on education and income. This appendix presents survey results across all respondents, as well as analysis according to the education and income stratifications.

1. Did you receive a postcard inviting you to participate in the Wake County Community Health Needs Assessment Survey? *We are still interested in hearing from you even if you did not receive a postcard*

Response Option	All – No Filter	
	%	n
Yes	12.1%	140
No	71.2%	821
Do not know	16.7%	192

2. Please enter the number that follows "Wake Community Member" on the postcard you received.
Responses specific to sampling strategy and used for data tracking purposes

3. Are you 18 years old or older?

Response Option	All – No Filter	
	%	n
Yes	98.9%	1117
No - <i>Thank you for your interest in completing the survey. Unfortunately, you are not eligible to participate in this survey due to your age.</i>	1.1%	12

4. Do you live in Wake County?

Response Option	All – No Filter	
	%	n
Yes	97.1%	1085
No - <i>Thank you for your interest in completing the survey. Unfortunately, you are not eligible to participate in this survey because you do not live in Wake County.</i>	2.9%	32

5. Would you like to participate in this survey?

Response Option	All – No Filter	
	%	n
Yes	99.3%	1073
No – <i>That’s all then! Thank you for your time.</i>	0.7%	8

6. What is the 5-digit ZIP code of your residence? Enter 99999 if you don't know or prefer not to respond.

Response Option	All – No Filter	
	%	n
26712	0.1%	1
27501	0.2%	2
27502	4.1%	44
27511	2.7%	29
27512	0.1%	1
27513	4.5%	48
27518	2.1%	22
27519	6.6%	70
27520	0.1%	1
27523	1.6%	17
27526	4.6%	49
27529	4.0%	43
27539	2.7%	29

Response Option	All – No Filter	
	%	n
27540	4.8%	51
27545	1.7%	18
27560	2.0%	21
27562	0.6%	6
27571	0.6%	6
27587	6.2%	66
27591	1.9%	20
27592	1.0%	11
27597	3.8%	40
27601	1.3%	14
27603	3.4%	36
27604	4.4%	47
27605	0.6%	6

Response Option	All – No Filter	
	%	n
27606	2.7%	29
27607	1.9%	20
27608	1.0%	11
27609	3.2%	34
27610	3.8%	41
27612	3.8%	41
27613	4.5%	48
27614	3.6%	38
27615	3.4%	36
27616	3.7%	39
27617	1.2%	13
28616	0.1%	1
99999	1.7%	18

7. Wake County is divided into eight service zones. Based on the map provided above, in which area would you say you primarily live? (If you are not sure, please make your best guess.)

Response Option	All – No Filter	
	%	n
East Central	8.2%	87

East	7.8%	83
North Central	11.5%	122
Northern	13.9%	147
South Central	9.1%	96
Southern	12.5%	132
West Central	25.7%	272
West	11.3%	119

8. Please tell us whether you strongly disagree, disagree, neither agree nor disagree, agree or strongly agree with each of the following statements for the community in which you live:

		All - No Filter		Education				Income					
				Lower than Master's		Master's or Higher		Less than 100,000		\$100,000 or over		Decline to answer	
Response Option	Selection	%	n	%	n	%	n	%	n	%	n	%	n
I am connected and socially supported by others in my community (family, friends, neighbors, etc.).	Strongly agree	33.9%	331	31.1%	160	37.2%	130	28.0%	90	39.1%	155	30.1%	41
	Agree	42.7%	417	43.7%	225	41.5%	145	43.0%	138	42.4%	168	42.6%	58
	Neither agree nor disagree	13.1%	128	13.4%	69	13.8%	48	15.9%	51	9.8%	39	18.4%	25
	Disagree	6.9%	67	7.0%	36	6.6%	23	8.7%	28	6.8%	27	2.9%	4
	Strongly disagree	2.1%	21	3.3%	17	0.6%	2	2.8%	9	1.8%	7	2.9%	4
	Do not know	0.5%	5	0.6%	3	0.0%	0	0.6%	2	0.0%	0	0.7%	1
	Decline to answer	0.8%	8	1.0%	5	0.3%	1	0.9%	3	0.0%	0	2.2%	3
I can access good healthcare in my community.	Strongly agree	46.2%	452	41.6%	215	53.1%	186	32.5%	105	57.7%	229	44.1%	60
	Agree	39.0%	382	40.0%	207	36.0%	126	45.5%	147	32.5%	129	39.7%	54
	Neither agree nor disagree	5.3%	52	6.6%	34	3.1%	11	8.0%	26	3.5%	14	2.9%	4
	Disagree	4.9%	48	5.6%	29	4.9%	17	6.8%	22	3.8%	15	6.6%	9
	Strongly disagree	2.6%	25	3.7%	19	1.7%	6	3.7%	12	2.0%	8	3.7%	5
	Do not know	1.4%	14	1.7%	9	0.9%	3	2.5%	8	0.5%	2	1.5%	2
	Decline to answer	0.6%	6	0.8%	4	0.3%	1	0.9%	3	0.0%	0	1.5%	2

My community is a good place to have a baby.	Strongly agree	49.4%	484	47.6%	246	53.1%	186	39.6%	128	60.7%	241	41.2%	56
	Agree	31.5%	309	32.9%	170	30.0%	105	33.4%	108	28.5%	113	38.2%	52
	Neither agree nor disagree	6.4%	63	6.4%	33	5.7%	20	9.9%	32	2.3%	9	8.1%	11
	Disagree	2.8%	27	3.3%	17	2.3%	8	4.6%	15	1.3%	5	3.7%	5
	Strongly disagree	1.7%	17	2.1%	11	0.9%	3	1.9%	6	1.0%	4	2.9%	4
	Do not know	7.8%	76	7.5%	39	7.4%	26	9.9%	32	6.0%	24	5.9%	8
	Decline to answer	0.4%	4	0.2%	1	0.6%	2	0.6%	2	0.3%	1	0.0%	0
My community is a good place to raise children.	Strongly agree	53.2%	521	49.2%	254	59.1%	207	42.9%	138	64.5%	256	44.9%	61
	Agree	34.3%	336	37.0%	191	30.9%	108	41.3%	133	27.0%	107	40.4%	55
	Neither agree nor disagree	3.8%	37	4.5%	23	2.6%	9	5.6%	18	1.8%	7	5.1%	7
	Disagree	3.1%	30	2.9%	15	2.9%	10	4.0%	13	2.0%	8	2.9%	4
	Strongly disagree	1.5%	15	2.3%	12	0.6%	2	1.6%	5	1.3%	5	2.9%	4
	Do not know	3.9%	38	3.9%	20	3.7%	13	4.3%	14	3.3%	13	3.7%	5
	Decline to answer	0.2%	2	0.2%	1	0.3%	1	0.3%	1	0.3%	1	0.0%	0
My community is accessible to people with disabilities.	Strongly agree	12.8%	125	12.6%	65	13.1%	46	10.2%	33	15.2%	60	9.6%	13
	Agree	33.1%	324	32.8%	169	31.4%	110	29.5%	95	32.6%	129	37.5%	51
	Neither agree nor disagree	18.3%	179	18.3%	94	18.9%	66	22.0%	71	15.9%	63	19.1%	26
	Disagree	14.6%	143	15.1%	78	15.4%	54	18.3%	59	14.1%	56	12.5%	17
	Strongly disagree	2.5%	24	3.3%	17	1.4%	5	4.0%	13	1.5%	6	2.2%	3
	Do not know	18.6%	182	17.9%	92	19.4%	68	15.8%	51	20.5%	81	19.1%	26
	Decline to answer	0.1%	1	0.0%	0	0.3%	1	0.0%	0	0.3%	1	0.0%	0
My community is good place to grow old.	Strongly agree	34.1%	333	33.1%	171	35.6%	124	28.7%	92	40.6%	161	27.2%	37
	Agree	39.9%	390	40.7%	210	39.1%	136	41.1%	132	36.8%	146	45.6%	62
	Neither agree nor disagree	9.6%	94	8.7%	45	9.8%	34	9.3%	30	9.1%	36	9.6%	13
	Disagree	9.0%	88	9.9%	51	8.3%	29	13.1%	42	6.5%	26	9.6%	13
	Strongly disagree	2.0%	20	2.5%	13	1.4%	5	2.5%	8	1.3%	5	3.7%	5
	Do not know	5.0%	49	4.7%	24	5.5%	19	4.7%	15	5.5%	22	4.4%	6

My community is inclusive and respectful of diversity.	Decline to answer	0.3%	3	0.4%	2	0.3%	1	0.6%	2	0.3%	1	0.0%	0
	Strongly agree	22.4%	219	23.6%	122	21.2%	74	20.1%	65	23.9%	95	24.3%	33
	Agree	47.0%	460	43.1%	223	51.6%	180	45.5%	147	46.1%	183	48.5%	66
	Neither agree nor disagree	15.8%	155	17.8%	92	14.9%	52	17.6%	57	15.9%	63	17.6%	24
	Disagree	8.6%	84	7.5%	39	9.2%	32	8.0%	26	9.6%	38	5.1%	7
	Strongly disagree	2.0%	20	2.9%	15	1.4%	5	3.1%	10	2.3%	9	0.7%	1
	Do not know	3.7%	36	4.4%	23	1.1%	4	5.0%	16	1.8%	7	2.9%	4
Decline to answer	0.5%	5	0.6%	3	0.6%	2	0.6%	2	0.5%	2	0.7%	1	

9. Please tell us whether you strongly disagree, disagree, neither agree nor disagree, agree or strongly agree with each of the following statements for the community in which you live:

		All - No Filter		Education				Income					
				Lower than Master's		Master's or Higher		Less than 100,000		\$100,000 or over		Decline to answer	
Response Option	Selection	%	n	%	n	%	n	%	n	%	n	%	n
I can access good education in my community.	Strongly agree	39.1%	380	34.8%	178	45.7%	160	28.1%	90	51.3%	203	30.4%	41
	Agree	40.7%	396	40.6%	208	38.9%	136	43.1%	138	34.1%	135	48.1%	65
	Neither agree nor disagree	8.4%	82	11.1%	57	4.3%	15	10.6%	34	6.1%	24	10.4%	14
	Disagree	4.3%	42	5.5%	28	3.4%	12	7.2%	23	3.5%	14	2.2%	3
	Strongly disagree	2.4%	23	2.9%	15	2.3%	8	1.9%	6	2.3%	9	5.9%	8
	Do not know	4.7%	46	5.1%	26	4.3%	15	8.1%	26	2.8%	11	2.2%	3
	Decline to answer	0.4%	4	0.0%	0	1.1%	4	0.9%	3	0.0%	0	0.7%	1
I can easily access healthy and affordable food.	Strongly agree	38.9%	380	35.4%	182	44.9%	157	28.7%	92	52.0%	206	27.9%	38
	Agree	44.1%	431	44.7%	230	41.7%	146	48.3%	155	35.6%	141	53.7%	73
	Neither agree nor disagree	6.2%	61	7.2%	37	4.3%	15	7.5%	24	4.3%	17	8.1%	11
	Disagree	8.5%	83	9.7%	50	7.1%	25	11.2%	36	7.3%	29	6.6%	9
	Strongly disagree	1.9%	19	2.7%	14	1.4%	5	4.0%	13	0.8%	3	2.2%	3

	Do not know	0.3%	3	0.2%	1	0.6%	2	0.3%	1	0.0%	0	1.5%	2
I can find enough economic opportunity in my community.	Strongly agree	25.2%	247	22.4%	116	29.1%	102	15.2%	49	34.5%	137	22.1%	30
	Agree	42.3%	415	41.0%	212	42.9%	150	41.8%	135	42.3%	168	36.8%	50
	Neither agree nor disagree	13.3%	130	14.9%	77	12.9%	45	15.8%	51	10.3%	41	22.1%	30
	Disagree	9.7%	95	11.6%	60	6.3%	22	13.9%	45	6.3%	25	8.8%	12
	Strongly disagree	3.1%	30	3.3%	17	3.4%	12	5.6%	18	1.8%	7	2.9%	4
	Do not know	5.8%	57	6.4%	33	4.6%	16	6.8%	22	4.3%	17	7.4%	10
	Decline to answer	0.6%	6	0.4%	2	0.9%	3	0.9%	3	0.5%	2	0.0%	0
I can find enough recreational and entertainment opportunities in my community.	Strongly agree	36.9%	361	31.8%	164	45.4%	159	24.5%	79	49.1%	195	33.1%	45
	Agree	41.9%	410	42.6%	220	39.1%	137	47.2%	152	35.8%	142	41.9%	57
	Neither agree nor disagree	6.4%	63	7.8%	40	4.9%	17	9.6%	31	4.0%	16	6.6%	9
	Disagree	11.1%	109	12.8%	66	8.6%	30	14.6%	47	8.3%	33	11.8%	16
	Strongly disagree	2.9%	28	3.7%	19	2.0%	7	3.1%	10	2.5%	10	4.4%	6
	Do not know	0.8%	8	1.4%	7	0.0%	0	0.9%	3	0.3%	1	2.2%	3
I feel safe living in my community.	Strongly agree	36.8%	360	33.6%	173	40.9%	143	28.0%	90	45.8%	182	30.1%	41
	Agree	51.6%	505	51.8%	267	51.1%	179	57.3%	184	46.6%	185	51.5%	70
	Neither agree nor disagree	7.2%	70	8.7%	45	5.1%	18	8.1%	26	5.5%	22	10.3%	14
	Disagree	3.0%	29	3.5%	18	2.3%	8	4.0%	13	1.5%	6	5.1%	7
	Strongly disagree	1.2%	12	1.9%	10	0.6%	2	1.9%	6	0.5%	2	2.9%	4
	Do not know	0.1%	1	0.2%	1	0.0%	0	0.3%	1	0.0%	0	0.0%	0
	Decline to answer	0.1%	1	0.2%	1	0.0%	0	0.3%	1	0.0%	0	0.0%	0
The environment in my community is clean and supportive.	Strongly agree	32.5%	317	29.9%	154	36.1%	126	24.2%	78	39.6%	157	31.9%	43
	Agree	51.3%	501	50.7%	261	51.6%	180	52.8%	170	48.7%	193	51.1%	69
	Neither agree nor disagree	8.0%	78	8.7%	45	8.0%	28	9.9%	32	6.8%	27	10.4%	14
	Disagree	6.5%	63	8.2%	42	3.4%	12	10.2%	33	3.8%	15	4.4%	6

	Strongly disagree	1.3%	13	2.3%	12	0.3%	1	2.2%	7	0.8%	3	2.2%	3
	Do not know	0.3%	3	0.0%	0	0.6%	2	0.3%	1	0.3%	1	0.0%	0
	Decline to answer	0.1%	1	0.2%	1	0.0%	0	0.3%	1	0.0%	0	0.0%	0
There are places where I can be physically active in my community.	Strongly agree	47.1%	460	43.7%	224	54.9%	192	37.1%	119	59.6%	236	40.7%	55
	Agree	43.3%	423	46.2%	237	37.7%	132	50.8%	163	33.6%	133	50.4%	68
	Neither agree nor disagree	3.9%	38	4.1%	21	3.1%	11	4.7%	15	3.0%	12	3.7%	5
	Disagree	3.7%	36	3.7%	19	3.1%	11	4.4%	14	3.3%	13	2.2%	3
	Strongly disagree	1.2%	12	1.8%	9	0.9%	3	2.2%	7	0.5%	2	2.2%	3
	Do not know	0.7%	7	0.6%	3	0.3%	1	0.9%	3	0.0%	0	0.7%	1

10. Please tell us whether you strongly disagree, disagree, neither agree nor disagree, agree or strongly agree with each of the following statements for the community in which you live:

Response Option	Selection	All - No Filter		Education				Income					
		%	n	Lower than Master's		Master's or Higher		Less than 100,000		\$100,000 or over		Decline to answer	
		%	n	%	n	%	n	%	n	%	n	%	n
I can easily travel within my community.	Strongly agree	19.9%	194	18.4%	95	21.4%	75	16.4%	53	23.4%	93	15.7%	21
	Agree	51.9%	507	51.3%	264	52.6%	184	53.9%	174	50.4%	200	53.0%	71
	Neither agree nor disagree	10.6%	103	11.3%	58	10.0%	35	10.2%	33	10.3%	41	13.4%	18
	Disagree	13.9%	136	14.4%	74	13.4%	47	15.8%	51	12.3%	49	14.2%	19
	Strongly disagree	3.2%	31	4.3%	22	1.7%	6	3.7%	12	3.0%	12	2.2%	3
	Do not know	0.5%	5	0.4%	2	0.9%	3	0.0%	0	0.5%	2	1.5%	2
I can find affordable housing in my community.	Strongly agree	5.2%	51	4.3%	22	7.4%	26	2.5%	8	8.1%	32	5.9%	8
	Agree	23.2%	227	20.5%	106	25.7%	90	18.9%	61	26.2%	104	21.5%	29
	Neither agree nor disagree	17.7%	173	18.0%	93	16.6%	58	15.5%	50	14.4%	57	29.6%	40
	Disagree	30.8%	302	33.5%	173	28.0%	98	33.7%	109	30.5%	121	28.1%	38
	Strongly disagree	15.9%	156	17.8%	92	13.7%	48	22.9%	74	13.6%	54	8.9%	12

	Do not know	6.6%	65	5.6%	29	7.7%	27	6.2%	20	6.8%	27	5.2%	7
	Decline to answer	0.5%	5	0.2%	1	0.9%	3	0.3%	1	0.5%	2	0.7%	1
I can find mental health resources in my community	Strongly agree	9.9%	97	9.5%	49	9.7%	34	5.6%	18	13.1%	52	9.0%	12
	Agree	34.2%	334	31.5%	162	37.1%	130	31.0%	100	38.0%	151	28.4%	38
	Neither agree nor disagree	13.7%	134	13.6%	70	14.3%	50	14.2%	46	12.1%	48	17.9%	24
	Disagree	14.8%	145	17.3%	89	12.6%	44	19.2%	62	12.3%	49	15.7%	21
	Strongly disagree	4.9%	48	6.0%	31	3.7%	13	6.8%	22	4.3%	17	3.7%	5
	Do not know	21.7%	212	21.7%	112	21.7%	76	22.6%	73	19.6%	78	24.6%	33
	Decline to answer	0.7%	7	0.4%	2	0.9%	3	0.6%	2	0.5%	2	0.7%	1
I can find resources that promote sexual health in my community.	Strongly agree	6.9%	67	6.6%	34	6.6%	23	2.8%	9	9.6%	38	7.4%	10
	Agree	19.8%	193	17.5%	90	23.1%	81	20.9%	67	19.6%	78	17.8%	24
	Neither agree nor disagree	20.5%	200	22.8%	117	17.4%	61	21.8%	70	18.1%	72	24.4%	33
	Disagree	9.8%	96	9.9%	51	9.4%	33	13.4%	43	7.1%	28	9.6%	13
	Strongly disagree	2.9%	28	3.5%	18	2.6%	9	4.4%	14	2.5%	10	2.2%	3
	Do not know	37.9%	370	37.5%	193	38.9%	136	34.0%	109	41.8%	166	35.6%	48
	Decline to answer	2.3%	22	2.1%	11	2.0%	7	2.8%	9	1.3%	5	3.0%	4
I can find resources that to help with substance use disorders (including opioids) in my community.	Strongly agree	5.6%	55	5.0%	26	6.3%	22	3.1%	10	7.6%	30	5.9%	8
	Agree	17.0%	166	16.3%	84	18.1%	63	18.1%	58	18.6%	74	10.4%	14
	Neither agree nor disagree	14.7%	143	15.5%	80	13.2%	46	15.6%	50	12.1%	48	20.7%	28
	Disagree	10.1%	99	10.9%	56	10.1%	35	10.0%	32	10.3%	41	11.9%	16
	Strongly disagree	3.8%	37	5.0%	26	2.6%	9	5.9%	19	3.0%	12	3.0%	4
	Do not know	48.1%	469	46.7%	241	48.9%	170	46.7%	150	47.4%	188	48.1%	65
	Decline to answer	0.7%	7	0.6%	3	0.9%	3	0.6%	2	1.0%	4	0.0%	0
I can find resources to help quit using tobacco products in my community.	Strongly agree	5.9%	58	5.3%	27	6.9%	24	3.1%	10	8.6%	34	5.2%	7
	Agree	18.9%	184	18.5%	95	19.7%	69	21.1%	68	18.9%	75	14.9%	20
	Neither agree nor disagree	15.9%	155	17.1%	88	14.0%	49	16.8%	54	13.9%	55	20.9%	28
	Disagree	6.6%	64	7.8%	40	5.7%	20	9.0%	29	5.5%	22	5.2%	7

There are adequate affordable resources in my community to support youth.	Strongly disagree	2.4%	23	2.9%	15	1.7%	6	3.7%	12	1.5%	6	2.2%	3
	Do not know	49.5%	483	47.9%	246	51.1%	179	46.0%	148	50.4%	200	51.5%	69
	Decline to answer	0.9%	9	0.6%	3	0.9%	3	0.3%	1	1.3%	5	0.0%	0
	Strongly agree	10.1%	98	8.0%	41	10.9%	38	3.8%	12	13.1%	52	10.4%	14
	Agree	28.9%	281	28.5%	146	30.0%	105	25.1%	80	31.7%	126	30.4%	41
	Neither agree nor disagree	13.7%	133	14.3%	73	12.6%	44	15.7%	50	10.6%	42	17.8%	24
	Disagree	17.2%	168	18.6%	95	16.6%	58	20.1%	64	16.4%	65	15.6%	21
	Strongly disagree	4.3%	42	5.9%	30	2.9%	10	7.5%	24	2.3%	9	5.2%	7
	Do not know	25.5%	248	24.6%	126	26.6%	93	27.6%	88	25.4%	101	20.7%	28
	Decline to answer	0.4%	4	0.2%	1	0.6%	2	0.3%	1	0.5%	2	0.0%	0

11. In your opinion, which ONE (1) health behavior do people in your community need more information about? (If there is a health behavior that you consider the most important and it is not on this list, please select “Other” and write it in.)

Response Option	All - No Filter		Education				Income					
			Lower than Master's		Master's or Higher		Less than 100,000		\$100,000 or over		Decline to answer	
	%	n	%	n	%	n	%	n	%	n	%	n
Managing stress	19.9%	189	19.0%	98	20.6%	72	18.3%	59	22.2%	88	14.7%	20
Do not know	14.3%	136	15.3%	79	9.2%	32	11.5%	37	13.6%	54	13.2%	18
Vaccination (COVID-19, childhood, flu, HPV, shingles, etc.)	10.0%	95	9.1%	47	12.9%	45	9.9%	32	11.8%	47	8.1%	11
Nutrition	9.2%	88	8.7%	45	10.9%	38	7.8%	25	10.1%	40	11.8%	16
Other (please specify)	8.9%	85	8.9%	46	9.2%	32	9.0%	29	7.6%	30	14.0%	19
Seeking health services	8.7%	83	10.6%	55	6.6%	23	11.2%	36	9.1%	36	4.4%	6
Physical activity	6.8%	65	6.2%	32	8.0%	28	6.8%	22	7.1%	28	7.4%	10
Substance use	6.4%	61	7.4%	38	5.7%	20	6.5%	21	6.8%	27	7.4%	10
Getting Health Screenings	4.9%	47	4.3%	22	5.7%	20	5.9%	19	3.0%	12	8.1%	11
Violence	4.4%	42	5.2%	27	3.4%	12	6.2%	20	2.8%	11	4.4%	6
Sexual health	2.4%	23	2.1%	11	2.6%	9	1.6%	5	2.8%	11	2.9%	4

None	1.9%	18	1.2%	6	2.6%	9	1.9%	6	1.5%	6	2.2%	3
Sleep	0.9%	9	0.8%	4	1.4%	5	0.9%	3	1.3%	5	0.7%	1
Tobacco use	0.7%	7	0.6%	3	1.1%	4	1.6%	5	0.5%	2	0.0%	0
Decline to answer	0.4%	4	0.8%	4	0.0%	0	0.9%	3	0.0%	0	0.7%	1

12. In your opinion, which ONE (1) of the following medical care access issues needs the most improvement in your community? (If there is an issue that you think needs improvement that is not on this list, please select “Other” and write it in.)

Response Option	All - No Filter		Education				Income					
			Lower than Master's		Master's or Higher		Less than \$100,000		\$100,000 or over		Decline to answer	
	%	n	%	n	%	n	%	n	%	n	%	n
Affordability of healthcare	34.1%	325	38.7%	200	28.0%	98	37.5%	121	32.7%	130	31.6%	43
Inequalities in the healthcare system	12.5%	119	10.8%	56	16.0%	56	12.7%	41	15.1%	60	7.4%	10
Do not know	9.4%	90	7.7%	40	9.7%	34	9.3%	30	8.6%	34	6.6%	9
Community awareness of preventive care/screenings	7.2%	69	5.8%	30	10.9%	38	6.2%	20	8.6%	34	8.1%	11
Availability of health providers	5.8%	55	4.3%	22	8.0%	28	5.0%	16	6.0%	24	6.6%	9
None	5.5%	52	5.6%	29	4.0%	14	2.5%	8	6.0%	24	7.4%	10
Other (please specify)	5.2%	50	6.0%	31	4.6%	16	4.3%	14	5.3%	21	8.8%	12
Hours of healthcare facility operations	4.9%	47	5.2%	27	5.4%	19	5.9%	19	4.8%	19	5.9%	8
Ability to receive preventive care/screenings	4.0%	38	4.4%	23	3.4%	12	4.6%	15	3.5%	14	4.4%	6
Quality of provided healthcare	3.6%	34	3.5%	18	3.1%	11	2.8%	9	3.5%	14	4.4%	6
Respectful care	3.1%	30	3.1%	16	3.1%	11	5.3%	17	2.3%	9	0.7%	1
Number of health facilities	2.1%	20	2.3%	12	2.0%	7	1.9%	6	1.8%	7	4.4%	6
Location of health facilities	2.1%	20	2.3%	12	1.4%	5	2.2%	7	1.8%	7	2.2%	3
Decline to answer	0.4%	4	0.2%	1	0.3%	1	0.0%	0	0.0%	0	1.5%	2

13. In your opinion, which ONE (1) social and economic factor is impacting the health of your community the most? (If there is a factor that you consider to have the most impact and it is not on this list, please select “Other” and write it in.)

Response Option	All - No Filter		Education				Income					
			Lower than Master's		Master's or Higher		Less than 100,000		\$100,000 or over		Decline to answer	
	%	n	%	n	%	n	%	n	%	n	%	n
Lack of affordable, safe housing	31.5%	294	30.7%	158	32.6%	114	36.6%	118	31.0%	123	20.0%	27
Do not know	13.6%	127	13.2%	68	12.6%	44	9.6%	31	14.1%	56	16.3%	22
Lack of sufficient income	13.1%	122	13.2%	68	13.7%	48	14.9%	48	12.6%	50	12.6%	17
None	7.9%	74	7.0%	36	8.9%	31	5.3%	17	8.8%	35	11.1%	15
Lack of recreational and entertainment opportunities	5.9%	55	7.4%	38	4.6%	16	6.5%	21	6.0%	24	6.7%	9
Discrimination	5.5%	51	5.2%	27	5.7%	20	5.0%	16	5.8%	23	4.4%	6
Other (please specify)	4.9%	46	4.7%	24	5.4%	19	3.1%	10	4.5%	18	11.1%	15
Lack of community and social support	4.9%	46	5.0%	26	4.9%	17	5.6%	18	5.0%	20	3.7%	5
Lack of access to healthy and affordable food	4.4%	41	4.7%	24	4.3%	15	4.0%	13	5.3%	21	3.7%	5
Lack of community and interpersonal safety	2.8%	26	3.5%	18	1.7%	6	3.1%	10	2.0%	8	3.7%	5
Lack of educational opportunities	2.4%	22	2.1%	11	3.1%	11	2.2%	7	3.3%	13	1.5%	2
Lack of employment opportunities	2.1%	20	1.9%	10	2.6%	9	3.1%	10	1.3%	5	3.0%	4
Decline to answer	0.9%	8	1.4%	7	0.0%	0	0.9%	3	0.3%	1	2.2%	3

14. In your opinion, which ONE (1) of the following needs the most improvement within your community? (If there is a need that you consider to have the most impact and it is not on this list, please select “Other” and write it in.)

Response Option	All - No Filter		Education				Income				
			Lower than Master's		Master's or Higher		Less than 100,000		\$100,000 or over		Decline to answer
	%	n	%	n	%	n	%	n	%	n	%

Access to affordable housing	35.0%	326	36.3%	187	33.7%	118	45.3%	146	31.2%	124	23.7%	32
Access to transportation options (buses, commuter rail, bike paths, etc.)	25.3%	236	23.3%	120	29.1%	102	19.9%	64	30.0%	119	27.4%	37
Other (please specify)	7.0%	65	7.8%	40	5.7%	20	5.6%	18	6.8%	27	11.1%	15
Do not know	6.4%	60	6.8%	35	4.6%	16	4.7%	15	6.0%	24	6.7%	9
Access to healthy and affordable foods	5.9%	55	5.4%	28	5.4%	19	4.3%	14	6.5%	26	4.4%	6
Access to spaces for physical activity	5.5%	51	5.4%	28	6.0%	21	5.3%	17	5.5%	22	7.4%	10
None	5.2%	48	5.2%	27	4.6%	16	3.4%	11	6.0%	24	5.9%	8
Environmental quality (air, water, etc.)	4.8%	45	3.9%	20	6.3%	22	4.7%	15	4.0%	16	6.7%	9
Access to employment opportunities	4.6%	43	5.2%	27	4.6%	16	6.8%	22	3.5%	14	5.2%	7
Decline to answer	0.3%	3	0.6%	3	0.0%	0	0.0%	0	0.3%	1	1.5%	2

15. In your opinion, which ONE (1) of the following health outcomes most impacts your community? (If there is an outcome that you consider to have the most impact and it is not on this list, please select “Other” and write it in.)

Response Option	All - No Filter		Education				Income					
			Lower than Master's		Master's or Higher		Less than 100,000		\$100,000 or over		Decline to answer	
	%	n	%	n	%	n	%	n	%	n	%	n
Mental health conditions	33.7%	305	34.6%	179	33.4%	117	32.8%	106	38.3%	152	27.2%	37
Chronic diseases and conditions (heart disease, cancer, asthma, diabetes, etc.)	25.9%	235	23.2%	120	30.6%	107	24.1%	78	28.5%	113	25.7%	35
Do not know	18.8%	170	19.7%	102	16.3%	57	21.4%	69	15.1%	60	18.4%	25
COVID-19	12.1%	110	11.0%	57	13.7%	48	12.7%	41	10.6%	42	14.0%	19
Other (please specify)	3.0%	27	2.9%	15	2.9%	10	2.8%	9	1.3%	5	7.4%	10
Drug overdose	2.8%	25	3.7%	19	1.4%	5	3.1%	10	2.3%	9	3.7%	5
None	2.3%	21	2.3%	12	1.7%	6	1.9%	6	2.0%	8	2.9%	4
Injuries	0.8%	7	1.4%	7	0.0%	0	0.3%	1	1.5%	6	0.0%	0

Poor birth outcomes	0.3%	3	0.6%	3	0.0%	0	0.3%	1	0.5%	2	0.0%	0
Decline to answer	0.3%	3	0.6%	3	0.0%	0	0.6%	2	0.0%	0	0.7%	1

16. From the list provided, which areas most impact the health of your community? Please select UP TO THREE (3) options. (If there is an area that you consider to have the most impact and it is not on this list, please select “Other” and write it in.)

Response Option	All - No Filter		Education				Income					
			Lower than Master's		Master's or Higher		Less than 100,000		\$100,000 or over		Decline to answer	
	%	n	%	n	%	n	%	n	%	n	%	n
Affordable housing and homelessness	37.6%	340	36.8%	190	41.0%	143	45.0%	145	38.0%	151	25.7%	35
Healthcare (access, cost, quality)	34.9%	316	36.6%	189	33.5%	117	34.2%	110	35.3%	140	37.5%	51
Transportation options	23.8%	215	22.6%	117	25.5%	89	24.8%	80	23.9%	95	22.1%	30
Substance use & addiction (including tobacco)	16.7%	151	17.2%	89	16.3%	57	17.7%	57	16.9%	67	16.2%	22
Poverty	16.6%	150	17.2%	89	16.3%	57	21.4%	69	16.4%	65	8.1%	11
Education	16.5%	149	17.0%	88	15.5%	54	15.8%	51	18.1%	72	14.0%	19
Access to healthy and affordable food	15.9%	144	16.2%	84	15.5%	54	18.0%	58	14.9%	59	15.4%	21
Employment	14.3%	129	13.7%	71	15.2%	53	14.6%	47	14.4%	57	13.2%	18
Physical environment (streets, buildings, parks, infrastructure, etc.)	13.7%	124	13.2%	68	14.6%	51	13.0%	42	13.1%	52	16.2%	22
Physical activity	12.8%	116	11.8%	61	15.5%	54	10.9%	35	13.6%	54	17.6%	24
Community and social support	12.6%	114	13.5%	70	12.0%	42	13.7%	44	13.4%	53	9.6%	13
Environmental Quality (air, water, etc.)	10.6%	96	10.3%	53	10.6%	37	8.1%	26	10.1%	40	16.2%	22
Discrimination	10.6%	96	9.7%	50	12.3%	43	10.2%	33	10.6%	42	11.0%	15
Safety	10.4%	94	10.6%	55	8.9%	31	9.0%	29	8.6%	34	15.4%	21
Do not know	5.0%	45	5.0%	26	4.0%	14	3.7%	12	5.3%	21	4.4%	6
Other (please specify)	3.8%	34	3.3%	17	4.6%	16	2.2%	7	3.0%	12	10.3%	14
None	2.0%	18	1.9%	10	1.7%	6	0.6%	2	2.8%	11	2.2%	3
Decline to answer	0.1%	1	0.2%	1	0.0%	0	0.0%	0	0.3%	1	0.0%	0

17. In your opinion, which population sub-group(s) needs additional resources within your community? Please select all that apply. (If there is a population sub-group that needs additional resources and it is not on this list, please select “Other” and write it in.)

Response Option	All - No Filter		Education				Income					
			Lower than Master's		Master's or Higher		Less than 100,000		\$100,000 or over		Decline to answer	
	%	n	%	n	%	n	%	n	%	n	%	n
Persons with mental illness	48.4%	436	47.8%	245	52.3%	182	47.3%	151	52.4%	208	46.3%	62
Persons in poverty	44.0%	396	41.7%	214	49.1%	171	45.8%	146	48.4%	192	32.1%	43
Seniors	35.1%	316	34.7%	178	35.3%	123	38.9%	124	30.5%	121	38.1%	51
Homeless Population	31.6%	284	31.4%	161	33.0%	115	33.5%	107	34.3%	136	23.9%	32
Persons with disabilities	28.1%	253	29.4%	151	26.7%	93	30.7%	98	26.7%	106	27.6%	37
Youth	27.9%	251	31.0%	159	24.7%	86	34.8%	111	25.2%	100	20.9%	28
Persons with substance use disorders	25.0%	225	24.6%	126	27.9%	97	23.5%	75	30.0%	119	20.9%	28
Immigrants and refugees	24.0%	216	23.0%	118	26.7%	93	23.5%	75	28.0%	111	15.7%	21
LGBTQ+ communities	17.3%	156	17.3%	89	18.4%	64	17.9%	57	20.9%	83	9.0%	12
Do not know	6.2%	56	6.0%	31	5.7%	20	4.4%	14	7.3%	29	5.2%	7
Other (please specify)	2.8%	25	2.3%	12	3.4%	12	1.6%	5	3.0%	12	5.2%	7
None	1.9%	17	1.9%	10	1.4%	5	1.3%	4	2.0%	8	2.2%	3
Decline to Answer	0.2%	2	0.2%	1	0.0%	0	0.0%	0	0.0%	0	0.7%	1

18. Are you aware that Wake County completed a Community Health Needs Assessment in 2019?

Response Option	All - No Filter	
	%	n
No	71.3%	640
Yes	19.0%	171
Do not know	9.4%	84

Decline answer	to	0.3%	3
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19. The 2019 assessment resulted in the following five priority areas: 1) Transportation, 2) Employment, 3) Access to Care, 4) Mental Health/Substance Use Disorders, and 5) Housing and homelessness. Have you seen any improvements related to these priorities?

		All - No Filter		Education				Income					
				Lower than Master's		Master's or Higher		Less than 100,000		\$100,000 or over		Decline to answer	
Response Option	Selection	%	n	%	n	%	n	%	n	%	n	%	n
Access to Care	Improved	25.6%	227	24.5%	125	27.0%	93	23.0%	73	28.1%	111	22.4%	30
	Not Improved	20.9%	185	23.3%	119	17.7%	61	24.6%	78	17.0%	67	23.9%	32
	Do not know	53.4%	473	52.3%	267	55.4%	191	52.4%	166	54.9%	217	53.7%	72
Employment	Improved	34.0%	302	31.8%	163	37.7%	130	30.4%	96	37.1%	147	31.9%	43
	Not Improved	18.8%	167	21.2%	109	14.5%	50	25.0%	79	14.4%	57	17.0%	23
	Do not know	47.1%	418	47.0%	241	47.8%	165	44.6%	141	48.5%	192	51.1%	69
Housing and Homelessness	Improved	7.8%	69	6.4%	33	9.6%	33	6.9%	22	8.4%	33	6.7%	9
	Not Improved	47.0%	417	50.0%	257	42.9%	148	53.9%	173	43.9%	173	41.8%	56
	Do not know	45.3%	402	43.6%	224	47.5%	164	39.3%	126	47.7%	188	51.5%	69
Mental Health/Substance Use Disorders	Improved	6.4%	57	6.0%	31	6.3%	22	6.0%	19	6.6%	26	4.4%	6
	Not Improved	32.1%	285	33.5%	172	30.5%	106	33.9%	108	30.4%	120	36.0%	49
	Do not know	61.5%	546	60.4%	310	63.2%	220	60.2%	192	63.0%	249	59.6%	81
Transportation	Improved	25.3%	226	23.6%	121	28.9%	101	24.2%	77	27.2%	108	23.5%	32
	Not Improved	36.0%	321	36.5%	187	35.0%	122	35.2%	112	35.0%	139	40.4%	55
	Do not know	38.7%	345	40.0%	205	36.1%	126	40.6%	129	37.8%	150	36.0%	49

20. Of these five priority areas, 1) Transportation, 2) Employment, 3) Access to Care, 4) Mental Health/Substance Use Disorders, and 5) Housing and Homelessness., are any a concern for you today?

		All - No Filter		Education		Income								
				Lower than Master's		Master's or Higher		Less than 100,000			\$100,000 or over		Decline to answer	

Response Option	Selection	%	n	%	n	%	n	%	n	%	n	%	n
Access to Care	Yes	40.2%	353	41.8%	210	39.3%	136	45.2%	141	36.0%	142	46.2%	61
	No	49.7%	436	48.6%	244	50.6%	175	44.2%	138	55.6%	219	43.2%	57
	Unsure	10.1%	89	9.6%	48	10.1%	35	10.6%	33	8.4%	33	10.6%	14
Employment	Yes	28.1%	246	28.3%	142	27.9%	96	35.6%	112	20.8%	81	32.8%	43
	No	59.9%	525	59.2%	297	60.8%	209	53.3%	168	67.2%	262	54.2%	71
	Unsure	12.0%	105	12.5%	63	11.3%	39	11.1%	35	12.1%	47	13.0%	17
Housing and Homelessness	Yes	47.9%	425	49.4%	252	47.4%	164	56.2%	178	42.6%	168	50.0%	67
	No	40.9%	363	39.6%	202	41.3%	143	35.0%	111	45.9%	181	35.8%	48
	Unsure	11.2%	99	11.0%	56	11.3%	39	8.8%	28	11.4%	45	14.2%	19
Mental Health/Substance Use Disorders	Yes	49.5%	437	49.3%	250	52.0%	179	52.1%	163	50.4%	199	47.4%	63
	No	37.0%	326	39.3%	199	32.6%	112	34.2%	107	39.0%	154	34.6%	46
	Unsure	13.5%	119	11.4%	58	15.4%	53	13.7%	43	10.6%	42	18.0%	24
Transportation	Yes	43.8%	385	41.4%	208	47.5%	164	42.3%	132	43.1%	170	50.0%	66
	No	46.1%	406	49.1%	247	42.0%	145	48.4%	151	47.0%	185	40.2%	53
	Unsure	10.1%	89	9.5%	48	10.4%	36	9.3%	29	9.9%	39	9.8%	13

21. What do you believe most influences your decision to put off going to the doctor for issues related to your physical health? Please select all that apply.

Response Option	All - No Filter		Education				Income					
	%	n	Lower than Master's		Master's or Higher		Less than 100,000		\$100,000 or over		Decline to answer	
			%	n	%	n	%	n	%	n	%	n
I do not put off going to the doctor for issues related to my physical health	32.4%	289	31.4%	162	34.3%	120	29.2%	94	34.3%	136	36.0%	49
Do not have time in my schedule	28.5%	254	24.0%	124	34.0%	119	22.0%	71	35.8%	142	22.1%	30
It is too expensive	27.3%	243	30.2%	156	23.1%	81	37.0%	119	21.2%	84	21.3%	29
Long wait times	15.6%	139	14.5%	75	17.1%	60	14.0%	45	17.1%	68	14.7%	20
I hope the problem will go away without having to go to the doctor	13.5%	120	14.0%	72	13.7%	48	14.3%	46	13.9%	55	13.2%	18

Cannot get an appointment	13.2%	118	13.6%	70	12.9%	45	13.0%	42	13.9%	55	11.0%	15
Concerns about COVID-19 safety	12.5%	111	10.9%	56	14.9%	52	12.1%	39	13.1%	52	11.8%	16
Insurance is not accepted by available health care providers	8.4%	75	10.9%	56	5.1%	18	11.2%	36	5.8%	23	10.3%	14
Do not know where to go	6.3%	56	8.5%	44	3.4%	12	7.8%	25	4.3%	17	9.6%	13
Mistrust of medical professionals	5.9%	53	7.4%	38	4.0%	14	7.5%	24	6.0%	24	2.9%	4
Lack of health insurance	5.8%	52	8.7%	45	1.4%	5	11.5%	37	0.5%	2	6.6%	9
Shortage of healthcare professionals	5.7%	51	5.6%	29	6.0%	21	6.2%	20	4.5%	18	7.4%	10
Telehealth technology (electronic visit via web or phone app) is undesirable to use	5.5%	49	6.6%	34	4.0%	14	7.1%	23	4.3%	17	5.1%	7
Do not have child care	5.4%	48	5.4%	28	5.4%	19	6.8%	22	5.3%	21	2.2%	3
Belief that going to the doctor doesn't help	4.3%	38	5.4%	28	2.6%	9	5.0%	16	4.8%	19	2.2%	3
Other (please specify)	3.9%	35	4.5%	23	3.4%	12	2.5%	8	4.5%	18	5.9%	8
Do not want to find out that I am sick	3.8%	34	3.7%	19	4.3%	15	3.1%	10	4.3%	17	4.4%	6
Lack of adequate transportation	2.8%	25	3.1%	16	2.0%	7	4.0%	13	1.5%	6	2.9%	4
Not sure if provider uses telehealth technology	2.1%	19	2.5%	13	1.7%	6	2.5%	8	2.3%	9	1.5%	2
Stigma associated with going to the doctor	1.3%	12	1.2%	6	1.7%	6	0.6%	2	2.3%	9	0.7%	1
Decline to answer	0.9%	8	0.6%	3	1.1%	4	0.6%	2	0.5%	2	2.2%	3
Cultural/religious beliefs	0.8%	7	0.8%	4	0.9%	3	0.9%	3	1.0%	4	0.0%	0
Unable to find a provider that speaks my language	0.4%	4	0.6%	3	0.3%	1	0.6%	2	0.0%	0	1.5%	2
Educational barriers	0.1%	1	0.2%	1	0.0%	0	0.3%	1	0.0%	0	0.0%	0

22. From the list provided, where do you feel you most often seek medical attention for issues related to your physical health?

Response Option	All - No Filter		Education				Income					
			Lower than Master's		Master's or Higher		Less than 100,000		\$100,000 or over		Decline to answer	
	%	n	%	n	%	n	%	n	%	n	%	n
Primary care provider (doctor, nurse, etc.)	77.4%	682	76.2%	387	80.2%	279	73.3%	233	82.4%	323	75.6%	102

Walk-in/Urgent care center	8.7%	77	9.1%	46	7.8%	27	11.6%	37	6.9%	27	5.9%	8
Social media/Internet	3.1%	27	2.8%	14	3.7%	13	5.0%	16	2.0%	8	2.2%	3
Telehealth/Televisit (electronic visit via web or phone app)	2.7%	24	3.0%	15	2.6%	9	1.3%	4	3.6%	14	4.4%	6
Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)	2.6%	23	3.0%	15	2.3%	8	2.8%	9	3.1%	12	0.7%	1
I do not seek care	1.9%	17	2.2%	11	1.7%	6	2.2%	7	1.8%	7	1.5%	2
Other (please specify)	1.5%	13	1.8%	9	1.1%	4	1.6%	5	0.3%	1	5.2%	7
Emergency department	0.9%	8	1.2%	6	0.0%	0	1.3%	4	0.0%	0	1.5%	2
Decline to answer	0.8%	7	0.6%	3	0.6%	2	0.6%	2	0.0%	0	2.2%	3
Health department	0.3%	3	0.4%	2	0.0%	0	0.3%	1	0.0%	0	0.7%	1

23. What do you believe most influences your decision to put off going to the doctor for issues related to your mental health? Please select all that apply.

Response Option	All - No Filter		Education				Income					
			Lower than Master's		Master's or Higher		Less than 100,000		\$100,000 or over		Decline to answer	
	%	n	%	n	%	n	%	n	%	n	%	n
It is too expensive	22.3%	196	26.8%	137	16.1%	56	30.8%	99	18.7%	74	14.3%	19
I do not need to seek care for issues related to my mental health	21.3%	187	19.5%	100	23.9%	83	16.2%	52	22.2%	88	30.8%	41
I do not put off going to the doctor for issues related to my mental health	18.8%	165	18.2%	93	20.1%	70	19.0%	61	19.2%	76	18.8%	25
Do not have time in my schedule	16.6%	146	15.6%	80	17.8%	62	15.6%	50	19.2%	76	11.3%	15
Do not know where to go	14.6%	128	16.4%	84	12.1%	42	15.9%	51	14.4%	57	13.5%	18
Cannot get an appointment	11.1%	98	11.1%	57	11.2%	39	12.5%	40	11.4%	45	6.8%	9
Insurance is not accepted by available health care providers	10.0%	88	10.9%	56	9.2%	32	10.3%	33	10.4%	41	10.5%	14
Stigma associated with going to doctor for mental health	8.3%	73	9.2%	47	7.2%	25	7.8%	25	8.6%	34	8.3%	11

Shortage of healthcare professionals	8.1%	71	7.2%	37	9.8%	34	10.0%	32	8.3%	33	4.5%	6
I hope the problem will go away without having to go to the doctor	7.2%	63	7.8%	40	6.6%	23	5.3%	17	8.8%	35	8.3%	11
Long wait times	6.6%	58	6.3%	32	6.9%	24	6.9%	22	7.1%	28	4.5%	6
Stigma associated with the diagnosis of a mental health condition	4.8%	42	6.1%	31	2.9%	10	4.0%	13	5.8%	23	3.8%	5
Lack of health insurance	3.9%	34	6.1%	31	0.9%	3	7.2%	23	0.5%	2	6.0%	8
Belief that going to the doctor doesn't help	3.6%	32	3.5%	18	4.0%	14	3.4%	11	4.3%	17	3.0%	4
Concerns about COVID-19 safety	3.3%	29	2.7%	14	4.3%	15	4.0%	13	3.3%	13	2.3%	3
Mistrust of medical professionals	3.2%	28	3.9%	20	2.3%	8	3.4%	11	3.3%	13	3.0%	4
Do not have child care	3.0%	26	2.7%	14	3.2%	11	3.4%	11	3.5%	14	0.0%	0
Telehealth technology (electronic visit via web or phone app) is undesirable to use	2.7%	24	3.1%	16	2.3%	8	4.4%	14	2.0%	8	1.5%	2
Other (please specify)	2.4%	21	2.5%	13	2.0%	7	2.2%	7	2.5%	10	2.3%	3
Decline to answer	2.3%	20	2.1%	11	2.0%	7	2.8%	9	0.3%	1	4.5%	6
Lack of adequate transportation	1.0%	9	1.2%	6	0.9%	3	1.6%	5	0.8%	3	0.8%	1
Do not want to find out that I am sick	1.0%	9	1.4%	7	0.6%	2	0.9%	3	1.3%	5	0.8%	1
Cultural/religious beliefs	1.0%	9	1.0%	5	1.1%	4	0.3%	1	2.0%	8	0.0%	0
Not sure if provider uses telehealth technology	0.9%	8	1.2%	6	0.6%	2	0.9%	3	1.0%	4	0.8%	1
Unable to find a provider that speaks my language	0.6%	5	0.6%	3	0.6%	2	1.6%	5	0.0%	0	0.0%	0
Educational barriers	0.3%	3	0.4%	2	0.3%	1	0.3%	1	0.5%	2	0.0%	0

24. From the list provided, where do you feel you most often seek care for issues related to your mental health?

Response Option	All - No Filter		Education				Income					
			Lower than Master's		Master's or Higher		Less than 100,000		\$100,000 or over		Decline to answer	
	%	n	%	n	%	n	%	n	%	n	%	n
I do not seek care	36.5%	319	37.6%	191	33.8%	117	32.7%	104	36.1%	141	45.9%	62

Mental health provider (therapist, psychologist, psychiatrist, counselor)	29.1%	254	27.8%	141	31.5%	109	26.7%	85	35.8%	140	16.3%	22
Primary care provider (doctor, nurse, etc.)	17.4%	152	19.3%	98	15.3%	53	20.8%	66	15.1%	59	17.0%	23
Telehealth/Televisit (electronic visit via web or phone app)	4.2%	37	3.7%	19	4.9%	17	4.4%	14	4.3%	17	2.2%	3
Social media/Internet	4.1%	36	3.5%	18	5.2%	18	5.7%	18	3.1%	12	3.7%	5
Other (please specify)	3.2%	28	2.4%	12	4.6%	16	3.1%	10	2.8%	11	5.2%	7
Decline to answer	2.4%	21	2.0%	10	2.6%	9	2.2%	7	0.8%	3	6.7%	9
Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)	1.4%	12	1.8%	9	0.9%	3	1.9%	6	1.0%	4	1.5%	2
Walk-in/Urgent care center	1.1%	10	1.4%	7	0.9%	3	1.9%	6	0.8%	3	0.7%	1
Emergency department	0.3%	3	0.4%	2	0.3%	1	0.3%	1	0.3%	1	0.7%	1
Health department	0.1%	1	0.2%	1	0.0%	0	0.3%	1	0.0%	0	0.0%	0

25. Please tell us whether you strongly disagree, disagree, neither agree nor disagree, agree or strongly agree with each of the following statements about the community in which you reside:

Response Option	Selection	All - No Filter		Education		Income						Decline to answer	
		%	n	%	n	%	n	%	n	%	n	%	n
Residents can access a medical specialist (Cardiologist, Dermatologist, etc.) when needed.	Strongly agree	13.4%	116	12.7%	65	14.6%	51	11.5%	37	15.2%	60	12.7%	17
	Agree	42.4%	367	40.5%	208	45.0%	157	36.4%	117	47.5%	188	38.8%	52
	Neither agree nor disagree	11.0%	95	10.5%	54	11.7%	41	11.8%	38	10.6%	42	11.2%	15
	Disagree	16.8%	145	18.5%	95	14.0%	49	21.5%	69	13.6%	54	15.7%	21
	Strongly disagree	4.4%	38	4.9%	25	3.7%	13	5.6%	18	3.3%	13	5.2%	7
	Do not know	11.9%	103	12.9%	66	10.6%	37	13.1%	42	9.8%	39	15.7%	21
	Decline to answer	0.1%	1	0.0%	0	0.3%	1	0.0%	0	0.0%	0	0.7%	1

Residents can access a PCP, including nurse practitioners and PAs (Family/General Practitioner, Ob/Gyn, Pediatrician) when needed.	Strongly agree	21.5%	186	20.2%	104	23.6%	82	17.3%	56	24.4%	96	24.6%	33
	Agree	48.3%	418	48.1%	247	48.6%	169	45.5%	147	52.3%	206	41.8%	56
	Neither agree nor disagree	10.3%	89	12.3%	63	7.5%	26	11.1%	36	7.6%	30	16.4%	22
	Disagree	9.2%	80	9.1%	47	9.2%	32	12.7%	41	7.4%	29	6.7%	9
	Strongly disagree	2.9%	25	2.5%	13	3.4%	12	4.3%	14	2.0%	8	2.2%	3
	Do not know	7.6%	66	7.8%	40	7.5%	26	9.0%	29	6.3%	25	7.5%	10
	Decline to answer	0.1%	1	0.0%	0	0.3%	1	0.0%	0	0.0%	0	0.7%	1
There are enough bilingual healthcare providers in my community.	Strongly agree	2.1%	18	2.5%	13	1.4%	5	1.6%	5	2.0%	8	3.8%	5
	Agree	4.8%	41	4.5%	23	4.6%	16	4.7%	15	4.6%	18	4.5%	6
	Neither agree nor disagree	7.2%	62	8.6%	44	5.2%	18	10.6%	34	4.6%	18	7.5%	10
	Disagree	12.9%	111	10.7%	55	16.1%	56	10.6%	34	15.2%	60	11.3%	15
	Strongly disagree	5.9%	51	4.3%	22	8.1%	28	7.2%	23	5.8%	23	2.3%	3
	Do not know	66.4%	572	68.4%	350	64.0%	222	64.5%	207	67.3%	265	69.2%	92
	Decline to answer	0.8%	7	1.0%	5	0.6%	2	0.9%	3	0.5%	2	1.5%	2
There are enough mental health providers in my community.	Strongly agree	2.7%	23	2.9%	15	2.3%	8	2.8%	9	2.5%	10	3.0%	4
	Agree	9.2%	80	9.1%	47	8.9%	31	8.4%	27	10.4%	41	7.5%	10
	Neither agree nor disagree	9.1%	79	9.5%	49	8.6%	30	9.9%	32	9.1%	36	8.2%	11
	Disagree	26.9%	233	25.9%	133	28.7%	100	27.3%	88	30.9%	122	14.9%	20
	Strongly disagree	12.6%	109	11.3%	58	14.4%	50	13.0%	42	11.4%	45	14.9%	20
	Do not know	38.8%	336	41.1%	211	35.9%	125	37.9%	122	35.7%	141	50.0%	67
	Decline to answer	0.6%	5	0.2%	1	1.1%	4	0.6%	2	0.0%	0	1.5%	2
There are enough providers accepting Medicaid in my community.	Strongly agree	3.0%	26	3.7%	19	2.0%	7	2.5%	8	2.8%	11	5.2%	7
	Agree	7.1%	61	6.2%	32	7.8%	27	7.2%	23	7.4%	29	3.7%	5
	Neither agree nor disagree	6.6%	57	7.0%	36	6.1%	21	9.0%	29	5.3%	21	5.2%	7

	Disagree	14.5%	125	13.3%	68	16.4%	57	14.6%	47	15.0%	59	12.7%	17
	Strongly disagree	6.6%	57	5.5%	28	8.1%	28	8.7%	28	5.3%	21	5.2%	7
	Do not know	61.5%	531	63.4%	325	59.4%	206	57.3%	184	63.7%	251	66.4%	89
	Decline to answer	0.7%	6	1.0%	5	0.3%	1	0.6%	2	0.5%	2	1.5%	2
There are enough providers accepting Medicare in my community.	Strongly agree	4.1%	35	3.7%	19	4.6%	16	3.1%	10	4.1%	16	6.8%	9
	Agree	10.4%	90	10.4%	53	10.0%	35	11.2%	36	8.6%	34	12.0%	16
	Neither agree nor disagree	6.5%	56	7.0%	36	5.7%	20	9.9%	32	4.8%	19	3.8%	5
	Disagree	12.0%	104	10.2%	52	14.9%	52	12.1%	39	12.2%	48	11.3%	15
	Strongly disagree	4.9%	42	4.1%	21	5.7%	20	5.3%	17	3.8%	15	6.8%	9
	Do not know	61.5%	531	63.7%	326	58.7%	205	57.5%	185	66.3%	262	57.9%	77
	Decline to answer	0.7%	6	1.0%	5	0.3%	1	0.9%	3	0.3%	1	1.5%	2
There are enough substance use disorder treatment providers in my community.	Strongly agree	1.4%	12	1.8%	9	0.9%	3	1.6%	5	0.8%	3	3.0%	4
	Agree	4.3%	37	3.3%	17	5.2%	18	4.3%	14	4.8%	19	1.5%	2
	Neither agree nor disagree	7.9%	68	9.1%	47	6.0%	21	10.6%	34	5.3%	21	9.0%	12
	Disagree	16.2%	140	14.8%	76	18.3%	64	15.2%	49	17.2%	68	14.9%	20
	Strongly disagree	7.9%	68	5.8%	30	10.6%	37	8.4%	27	7.6%	30	7.5%	10
	Do not know	61.7%	534	64.4%	331	58.2%	203	59.0%	190	63.9%	253	62.7%	84
	Decline to answer	0.8%	7	0.8%	4	0.9%	3	0.9%	3	0.5%	2	1.5%	2

26. What is your gender? Please select all that apply.

Response Option	All - No Filter	
	%	n
Woman	76.2%	661
Man	20.9%	181

Decline	2.0%	17
Non answer	0.6%	5
Non-binary/Genderqueer/Gender fluid	0.5%	4
Transgender	0.1%	1

28. What is the highest level of education you have completed?

Response	All - No Filter	
	Percent	Count
Did not complete high school	0.3%	3
High School or GED	2.5%	22
Trade/Vocational/Certificate/Training	0.1%	1
Some college, no degree	8.1%	70
Associate's Degree	6.2%	54
Bachelor's degree	40.6%	352
Master's Degree	32.1%	278
Doctorate	8.3%	72
Post Grad Specializations	0.1%	1
Non Answer	0.1%	1
Decline to answer	1.5%	13

29. What is your ethnicity? Please select all that apply.

Response	All - No Filter	
	Percent	Count
Non-Hispanic/Latino	84.3%	713
Hispanic/Latino	5.4%	46
Other	2.7%	23
Non answer	0.2%	2
Decline to answer	7.3%	62

30. What is your race? Please select all that apply.

Response	All - No Filter	
	Percent	Count
White	71.7%	619
Black/African American	10.8%	93
Asian	5.1%	44
Multiracial	3.0%	26
American Indian or Alaskan Native	0.1%	1
Other	0.8%	7
Non answer	0.3%	3
Decline to answer	8.1%	70

31. Do you currently have health insurance or some type of health plan that helps you pay medical expenses? Examples are Medicare, Medicaid, employer-based coverage, or private insurance.

Response Option	All - No Filter	
	%	n
Yes	95.9%	829
No	3.0%	26
Do not know	0.2%	2
Decline to answer	0.8%	7

32. What type of health insurance do you currently have? Please select all that apply.

Response Option	All - No Filter	
	%	n
Employer or spouse insurance	77.7%	640
Medicare	12.9%	106
Privately purchased insurance	7.5%	62

Medicaid or Health Choice	2.7%	22
Military Tricare CHAMPUS insurance	2.1%	17
Other insurance	1.5%	12
Parent’s insurance	0.7%	6
College insurance	0.6%	5
Don’t know	0.6%	5
Decline to answer	1.2%	10

33. What language(s) do you speak at home? Please select all that apply.

Response Option	All - No Filter	
	%	n
English	96.2%	826
Spanish	5.1%	44
Other Language	2.4%	21
Other: Chinese	0.9%	8
French	0.9%	8
Other: German	0.7%	6
Other: Tamil	0.3%	3
Arabic	0.2%	2
Vietnamese	0.1%	1
Other: Hindi	0.1%	1

34. What is your employment status?

Response	All - No Filter	
	%	n
Employed full-time	65.4%	560

Retired	12.1%	104
Homemaker	9.0%	77
Employed part-time	6.8%	58
Unemployed long-term (27 weeks or longer)	1.3%	11
More than one job	1.2%	10
Student	0.9%	8
Person with disabilities unable to work	0.7%	6
Unemployed/short-term (less than 27 weeks)	0.7%	6
Decline to answer	1.9%	16

35. Including yourself, how many people of all ages live in your household more than half the year? A household includes all persons who are current residents of a house, apartment, or mobile home.

Response	All - No Filter	
	%	n
0	0.4%	3
1	9.6%	82
2	30.2%	257
3	18.7%	159
4	26.0%	221
5	7.6%	65
6	2.6%	22
7	0.4%	3
8	0.4%	3
Do not know	0.1%	1
Decline to Answer	4.1%	35

36. What is your annual household income in the past 12 months?

Response	All - No Filter	
	%	n
Less than \$10,000	0.6%	5
\$10,000 to \$14,999	0.8%	7
\$15,000 to \$24,999	2.4%	21
\$25,000 to \$34,999	2.9%	25
\$35,000 to \$49,999	7.5%	64
\$50,000 to \$74,999	11.6%	100
\$75,000 to \$99,999	11.8%	101
\$100,000 to \$149,999	20.1%	173
\$150,000 to \$199,999	11.8%	101
\$200,000 or more	14.3%	123
Do not know	0.7%	6
Decline to answer	31.7%	272

APPENDIX 4: PRIORITIZATION RESULTS

Prioritization by Demographics

Information regarding the survey demographics of Wake County for the following priority areas:

Mental Health

- 44.5% of women selected mental health as one of their top three priorities compared to 29.6% of the men
- 43.7% of white respondents selected mental health as a top priority followed by 41.8% of African American respondents and 27.8% Asian respondents.
- 44.5% of non-Hispanic respondents also selected mental health as a top priority followed by 31.5% of Hispanics.
- 49.8% of respondents between the ages of 46-54 selected mental health as a top priority compared to 18.2% of respondents between 18-24 years old.

Access to Healthcare

- When reviewing access to healthcare, 46.8% of women and 47.5% of the men selected this topic as a priority area
- 52.8% of African American respondents listed healthcare access as a top priority compared to 44.1% of white respondents
- 58.4% of Hispanic respondents listed healthcare access as a top priority compared to 46% of non-Hispanic respondents
- 53.6% of respondents between the ages of 55-64 selected mental health as a top priority compared to 37.8% of respondents between 45-54 years old.

Housing

- Housing was listed as a top priority by 51.4% of women and 45% of men.
- 62.6% of African American respondents listed housing as one of the three top priorities compared to 49.7% of white respondents, 45.7% respondents who identified as multiracial and 33.3% of Asian respondents.
- 51.8% of non-Hispanic respondents listed housing as a top priority compared to 43.8% of Hispanic respondents.
- 61.4% of respondents between the ages of 65—74 included housing as a top priority compared to 44.5% of respondents between 45 and 54 years old.

Additional Survey Data Findings

- 31.9% of African American respondents listed disability as a priority compared to 16.7% of white respondents.
- 25.3% of African American respondents selected discrimination as a priority compared to 9.5% of white respondents and 11.1% of Asian respondents.
- 22.2% of Asian respondents listed substance use as a top priority compared to 14.9% of white respondents and 6.6% of African American respondents
- 36% of Hispanic respondents listed education as one of their priorities compared to 28% of non-Hispanic respondents.

- 32.9% of respondents between the ages of 35-44 listed education as a priority compared to 22.5% respondents ages 55-64.

APPENDIX 5: DATA SOURCES

Demographic Data Sources

Table Name	Source	Years of Data Included
Age Distribution	U.S. Census Bureau, Population Estimates Program, 2019	2019
County Health Rankings, 2021	Compiled in County Health Rankings & Roadmaps 2021, University of Wisconsin Population Health Institute	2021
Educational attainment population 25 years and older	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1501	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Household Language	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table C16002	2012-2016, 2013-2017, 2014-2018, 2015-2019
Household Parent Details	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Immigration: Number of Persons Arriving	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B05005	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Life Expectancy at Birth	NC Department of Health and Human Services, North Carolina State Center for Health Statistics	2017-2019
North Carolina Resident Live Birth Rates per 1,000 Population	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book	2006-2010, 2007-2011, 2008-2012, 2009-2013, 2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Percentage of the total population of the county represented by the rural population	U.S. Census Bureau. 2010 Decennial Census: Percent Urban and rural in 2010 by State and County	2010
Percentage of the total population of the county represented by the urban population	U.S. Census Bureau. 2010 Decennial Census: Percent Urban and rural in 2010 by State and County	2010

Population density, persons per square mile	U.S. Census Bureau. 2010 Decennial Census and 2020 Decennial Census	2010, 2020
Population Growth Trend	NC Office of State Budget and Management, County/State Population Projections	2000, 2010, 2020, 2030, 2040, 2050
Race/Ethnicity Distribution	U.S. Census Bureau. 2020 Decennial Census: Table P2	2020
Sex Distribution	U.S. Census Bureau, Population Estimates Program, 2019	2019
Veteran Status	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2101	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019

Neighborhood and Physical Environment Data Sources

Table Name	Source	Years of Data Included
Access to Exercise Opportunities	County Health Rankings & Roadmaps 2017, 2018, 2019, and 2021. University of Wisconsin Population Health Institute.	2014, 2016, 2018, 2019
Air Pollution	U.S. Environmental Protection Agency, Annual Summary Data	2017, 2018, 2019, 2020, 2021
Air Quality Index Days	U.S. Environmental Protection Agency, Annual Summary Data	2017, 2018, 2019, 2020, 2021
Air Quality Index Ranges	U.S. Environmental Protection Agency, Annual Summary Data	2017, 2018, 2019, 2020, 2021
Childhood Blood Lead Levels	NC Department of Health & Human Services, Environmental Health Section, Children's Environmental Health, Childhood Lead Poisoning Prevention Program	2015, 2016, 2017, 2018, 2019
Fast-food restaurants	U.S. Department of Agriculture. Food Environment Atlas Data Download, Last Updated 9/10/2020	2011, 2016
Grocery stores	U.S. Department of Agriculture. Food Environment Atlas Data Download, Last Updated 9/10/2020	2011, 2016
Households with an Internet Subscription	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2801	2013-2017, 2014-2018, 2015-2019
Population Served by Community Water System	Dieter, C.A., Linsey, K.S., Caldwell, R.R., Harris, M.A., Ivahnenko, T.I., Lovelace, J.K., Maupin, M.A., and Barber, N.L., 2018, Estimated Use of Water in the United States County-Level Data for 2015 (ver. 2.0, June 2018): U.S. Geological Survey data release, https://doi.org/10.5066/F7TB15V5 .	2015
Severe Housing Problems	U.S. Department of Housing and Urban Development (HUD), Comprehensive Housing Affordability Strategy (CHAS) Data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018

SNAP-authorized stores	U.S. Department of Agriculture. Food Environment Atlas Data Download, Last Updated 9/10/2020	2012, 2017
WIC-authorized stores	U.S. Department of Agriculture. Food Environment Atlas Data Download, Last Updated 9/10/2020	2011, 2016
Transportation to work	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B08006	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019

Housing Data Sources

Table Name	Source	Years of Data Included
Household Composition	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Housing Cost	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Housing Density	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Housing Trend	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
People Experiencing Homelessness Point-in-Time	NC Coalition to End Homelessness Point-in-Time Count Data and the US Department of Housing and Urban Development PIT and HIC Data. North Carolina Office of State Budget and Management for population denominators.	2016, 2017, 2018, 2019, 2020, 2021

Community Cohesion & Safety Data Sources

Table Name	Source	Years of Data Included
Incarcerated individuals	NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from Department of Public Safety, Research and Planning, Automated System Query, Prison Population, 2000 - present.	2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
Linguistic Isolation	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table C16002	2012-2016, 2013-2017, 2014-2018, 2015-2019
Percent of Registered Voters who Voted	North Carolina State Board of Elections. Historical Registered Voter Stats and Historical Voter History Stats. Downloaded December 2021.	2008, 2012, 2016, 2017, 2018, 2019, 2020, 2021
Registered voters	North Carolina State Board of Elections. Historical Registered Voter Stats. Downloaded December 2021.	2008, 2012, 2016, 2017, 2018, 2019, 2020, 2021

Social Vulnerability Index	Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index Database. https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html . Accessed January 2022.	2016, 2018
Voted in November Election	North Carolina State Board of Elections. Historical Voter History Stats. Downloaded December 2021.	2008, 2012, 2016, 2017, 2018, 2019, 2020, 2021
Domestic Violence Number of Clients Served	NC Department of Administration, NC Council of Women and Youth Involvement, Domestic Violence and Sexual Assault Statistics. North Carolina Office of State Budget and Management for population denominators.	FY 2015, FY 2016, FY 2017, FY 2018, FY 2019, FY 2020, FY 2021
Index Crime Rate	North Carolina State Bureau of Investigation, North Carolina Uniform Crime Reporting (UCR) Program	2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019
Property Crime Rate	North Carolina State Bureau of Investigation, North Carolina Uniform Crime Reporting (UCR) Program	2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019
Sexual Assault Number of Clients	NC Department of Administration, NC Council of Women and Youth Involvement, Domestic Violence and Sexual Assault Statistics. North Carolina Office of State Budget and Management for population denominators.	FY 2015, FY 2016, FY 2017, FY 2018, FY 2019, FY 2020, FY 2021
Sexual Assault Number of Clients Served	NC Department of Administration, NC Council of Women and Youth Involvement, Domestic Violence and Sexual Assault Statistics. North Carolina Office of State Budget and Management for population denominators.	FY 2021
Violent Crime Rate	North Carolina State Bureau of Investigation, North Carolina Uniform Crime Reporting (UCR) Program	2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019
Drop-Out Trend	North Carolina Department of Public Instruction. Discipline, ALP and Dropout Annual Reports, 2019-20 Full Consolidated Data Report: Table D5.	School Year 2015-2016, School Year 2016-2017, School Year 2017-2018, School Year 2018-2019, School Year 2019-2020

Education and Lifelong Development Data Sources

Table Name	Source	Years of Data Included
Drop-Out Trend	North Carolina Department of Public Instruction. Discipline, ALP and Dropout Annual	School Year 2015-2016, School Year 2016-2017, School Year 2017-2018,

	Reports, 2019-20 Full Consolidated Data Report: Table D5.	School Year 2018-2019, School Year 2019-2020
End of Grade Test Results - 3rd Grade Reading Level	North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 6/18/2021. https://www.dpi.nc.gov/data-reports/school-report-cards/school-report-card-resources-researchers	School Year 2013-2014, School Year 2014-2015, School Year 2015-2016, School Year 2016-2017, School Year 2017-2018, School Year 2018-2019
Expulsions per 10 students	North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 6/18/2021. https://www.dpi.nc.gov/data-reports/school-report-cards/school-report-card-resources-researchers	School Year 2017-2018, School Year 2018-2019, School Year 2019-2020
High School Graduation Rate	North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 6/18/2021. https://www.dpi.nc.gov/data-reports/school-report-cards/school-report-card-resources-researchers	School Year 2013-2014, School Year 2014-2015, School Year 2015-2016, School Year 2016-2017, School Year 2017-2018, School Year 2018-2019, School Year 2019-2020
Long-Term Suspensions per 10 students	North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 6/18/2021. https://www.dpi.nc.gov/data-reports/school-report-cards/school-report-card-resources-researchers	School Year 2017-2018, School Year 2018-2019, School Year 2019-2020
Per Pupil Expenditure	North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 6/18/2021. https://www.dpi.nc.gov/data-reports/school-report-cards/school-report-card-resources-researchers	School Year 2005-2006, School Year 2006-2007, School Year 2007-2008, School Year 2008-2009, School Year 2009-2010, School Year 2010-2011, School Year 2011-2012, School Year 2012-2013, School Year 2013-2014, School Year 2014-2015, School Year 2015-2016, School Year 2016-2017, School Year 2017-2018, School Year 2018-2019, School Year 2019-2020
School Enrollment Trend	North Carolina Department of Public Instruction, Statistical Profile. http://apps.schools.nc.gov/ords/f?p=145:1	School Year 2003-2004, School Year 2004-2005, School Year 2005-2006, School Year 2006-2007, School Year 2007-2008,

		School Year 2008-2009, School Year 2009-2010, School Year 2010-2011, School Year 2011-2012, School Year 2012-2013, School Year 2013-2014, School Year 2014-2015, School Year 2015-2016, School Year 2016-2017, School Year 2017-2018, School Year 2018-2019, School Year 2019-2020, School Year 2020-2021
Short-Term Suspensions per 10 students	North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 6/18/2021. https://www.dpi.nc.gov/data-reports/school-report-cards/school-report-card-resources-researchers	School Year 2017-2018, School Year 2018-2019, School Year 2019-2020

Economic Opportunity Data Sources

Table Name	Source	Years of Data Included
Child Food Insecurity Rate	Gundersen, C., A. Dewey, E. Engelhard, M. Strayer & L. Lapinski. Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018. Feeding America, 2020.	2018, 2019
Children with Low Access to a Grocery Store	U.S. Department of Agriculture. Food Environment Atlas Data Download, Last Updated 9/10/2020	2010, 2015
Employment Sector	North Carolina Department of Commerce, Labor & Economic Analysis, Quarterly Census of Employment and Wages. Download is for year=2020 and period=annual.	2020
Families Below Poverty Level	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1702	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Food Insecurity Rate	Gundersen, C., A. Dewey, E. Engelhard, M. Strayer & L. Lapinski. Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018. Feeding America, 2020.	2018, 2019
Household Income Quintile Upper Limits	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B19080	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019

Households receiving food stamps/SNAP	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2201	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Households with No Car and Low Access to a Grocery Store	U.S. Department of Agriculture. Food Environment Atlas Data Download, Last Updated 9/10/2021	2010, 2015
Income Inequality, Ratio of Household Income at the 80th Percentile to Household Income at the 20th Percentile	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B19080	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Low-Income and Low Access to a Grocery Store	U.S. Department of Agriculture. Food Access Research Atlas Data Download 2019, Last Updated 4/27/2021	2019
Major Employers	North Carolina Department of Commerce, Labor & Economic Analysis, Quarterly Census of Employment and Wages Largest Employers. Download is for Quarter 2, 2021.	2021
Median Household Income	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP03	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Per Capita Income	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP03	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Percentage of Children Enrolled in Public Schools that are Eligible for Free or Reduced Price Lunch	County Health Rankings & Roadmaps 2018, 2019, 2020, and 2021, sourced from National Center for Education Statistics	2015-2016, 2016-2017, 2017-2018, 2018-2019
Percentage of Food Insecure Children in HH w/ HH incomes above 185 FPL	Gundersen, C., A. Dewey, E. Engelhard, M. Strayer & L. Lapinski. Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018. Feeding America, 2020.	2018, 2019
Percentage of Students Enrolled in Free and Reduced Lunch	The Annie E. Casey Foundation, Kids Count Data Center. Sourced from Public Schools of North Carolina, State Board of Education, Department of Instruction, Child Nutrition, Economically Disadvantaged Student (EDS). Last updated September 2021.	2015-2016, 2016-2017, 2017-2018, 2018-2019
Place of work/ Total Workers	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B08007	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Poverty status in the past 12 months	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019

Unemployment Rate	North Carolina Department of Commerce, Labor & Economic Analysis, Local Area Unemployment Statistics. Download period = Annual Average.	2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
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Access to Healthcare Data Sources

Table Name	Source	Years of Data Included
Adult Care Facilities	North Carolina Division of Health Service Regulation for counts (last updated 12/17/2021). North Carolina Office of State Budget and Management year 2021 for population denominators.	2021
Advance Community Health Patient Characteristics	U.S. Department of Health & Human Services. Health Resources & Services Administration. Health Center Program Uniform Data System (UDS) Data Overview.	2016, 2017, 2018, 2019, 2020
Age/sex adjusted rate of inpatient hospital discharges per 100,000 population	HCUPnet, Healthcare Cost and Utilization Project. Agency for Healthcare Research and Quality, Rockville, MD. https://hcupnet.ahrq.gov/ . For more information about HCUP data see http://www.hcup-us.ahrq.gov/	2013, 2014, 2015, 2016, 2017
Beds in General Hospitals	Log Into North Carolina (LINC) for counts. North Carolina Office of State Budget and Management for population denominators.	2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018
Dental Providers Receiving Medicaid Payments	NC Medicaid Division of Health Benefits, Payments to Providers Dashboard	FY 2020, FY 2021
Emergency Department Visits	North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.	2015, 2016, 2017, 2018, 2019
General Hospital Discharges	Log Into North Carolina (LINC) for counts. North Carolina Office of State Budget and Management for population denominators.	2010, 2011, 2012, 2013, 2014, 2015, 2016
Healthcare Workforce Providers per 10,000 population	North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.	2014, 2015, 2016, 2017, 2018, 2019, 2020
Hospice Facilities	North Carolina Division of Health Service Regulation for counts (last updated 12/17/2021). North Carolina Office of State Budget and Management year 2021 for population denominators.	2021

Licensed Mental Health Facilities	North Carolina Division of Health Service Regulation for counts (last updated 12/17/2021). North Carolina Office of State Budget and Management year 2021 for population denominators.	2021
Medicaid Enrollment Count by Program Aid Category	North Carolina Medicaid Division of Health Benefits for counts. North Carolina Office of State Budget and Management for population denominators.	2016, 2017, 2018, 2019, 2020, 2021
Nursing Facility Beds	Log Into North Carolina (LINC) for counts. North Carolina Office of State Budget and Management for population denominators.	2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017
(A) Persons Served in Area Mental Health Programs	Log Into North Carolina (LINC) for counts. North Carolina Office of State Budget and Management for population denominators.	2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
(C) Persons Served in NC Alcohol and Drug Treatment Centers	Log Into North Carolina (LINC) for counts. North Carolina Office of State Budget and Management for population denominators.	2010, 2011, 2012, 2013, 2014, 2015, 2016
(D) Persons Served in State Mental Health Development Centers	Log Into North Carolina (LINC) for counts. North Carolina Office of State Budget and Management for population denominators.	2010, 2011, 2012, 2013, 2014, 2015, 2016
(B) Persons Served in State Psychiatric Hospitals	Log Into North Carolina (LINC) for counts. North Carolina Office of State Budget and Management for population denominators.	2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017
Preventable Hospitalizations for Medicare Enrollees	Mapping Medicare Disparities Tool, Centers for Medicare & Medicaid Services, Office of Minority Health	2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
Public Health Insurance Type	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2704	2013-2017, 2014-2018, 2015-2019
Short Term Acute Care Hospital Discharge	North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.	2015, 2016, 2017, 2018, 2019
Uninsured by Age Group	U.S. Census Bureau. Small Area Health Insurance Estimates (SAHIE).	2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019
Uninsured by Poverty	U.S. Census Bureau. Small Area Health Insurance Estimates (SAHIE).	2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019

Disease, Illness, & Injury Data Sources

Table Name	Source	Years of Data Included
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Acute Myocardial Infarction Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Breast Cancer Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Colon, Rectum, and Anus Cancer Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Other Ischemic Heart Disease Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Pancreas Cancer Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Prostate Cancer Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Trachea, Bronchus, and Lung Cancer Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Acquired Immune Deficiency Syndrome Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Acute Hepatitis B by Year of Diagnosis	NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina Hepatitis B/C Surveillance Report.	2016, 2017, 2018, 2019, 2020
Acute Hepatitis C by Year of Diagnosis	NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina Hepatitis B/C Surveillance Report.	2016, 2017, 2018, 2019, 2020
All Causes Mortality	NC Department of Health and Human Services, North Carolina State Center for Health	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019

	Statistics, County Health Data Book: Table CD12B, 5-year data.	
All Other Unintentional Injuries Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Alzheimer's disease Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Animal Rabies Cases	NC Department of Health & Human Services, North Carolina Division of Public Health, State Laboratory of Public Health. CDC WONDER Bridged-Race Population Estimates for population denominators.	2015, 2016, 2017, 2018
Arthritis Prevalence, Medicare population	Centers for Medicare & Medicaid Services, CMS Chronic Condition Data Warehouse (CCW).	2013, 2014, 2015, 2016, 2017, 2018
Cancer Incidence: All Sites	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 5-year data.	2009-2013, 2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Cancer Incidence: Cervix Uteri	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 5-year data.	2009-2013, 2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Cancer Incidence: Colon/Rectum	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 5-year data.	2009-2013, 2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Cancer Incidence: Female Breast	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 5-year data.	2009-2013, 2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Cancer Incidence: Lung Bronchus	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 5-year data.	2009-2013, 2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Cancer Incidence: Melanoma	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 5-year data.	2009-2013, 2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Cancer Incidence: Prostate	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 5-year data.	2009-2013, 2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Cerebrovascular Disease Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Chronic Kidney Disease Prevalence,	Centers for Medicare & Medicaid Services, CMS Chronic Condition Data Warehouse (CCW).	2013, 2014, 2015, 2016, 2017, 2018

Medicare population		
Chronic Liver Disease and Cirrhosis Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Chronic Lower Respiratory Diseases Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
COVID-19 Vaccination	NC Department of Health & Human Services, COVID-19 Dashboard, data last updated 3/9/2022 at 4 AM	
Diabetes Mellitus Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Diabetes Prevalence, Medicare population	Centers for Medicare & Medicaid Services, CMS Chronic Condition Data Warehouse (CCW).	2013, 2014, 2015, 2016, 2017, 2018
Diagnosed Diabetes, Adults Aged 20+	Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) and US Census Bureau's Population Estimates Program, Diabetes Atlas.	2014, 2015, 2016, 2017, 2018, 2019
Disability by Type	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1810	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Disability Demographics	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1810	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Diseases of Heart Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Foodborne Illness	North Carolina Electronic Disease Surveillance System (NC EDSS), 5/5/2021	2016, 2017, 2018, 2019, 2020
General Communicable Diseases	North Carolina Electronic Disease Surveillance System (NC EDSS), 12/15/2021	2016, 2017, 2018, 2019, 2020
Homicide Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Infant Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics	2015, 2016, 2017, 2018, 2019
Leading Causes of Death by Age Group	NC Department of Health and Human Services, North Carolina State Center for Health	2015-2019

	Statistics, County Health Data Book: Table CD11A, 5-year data.	
Nephritis, Nephrotic Syndrome, and Nephrosis Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Newly Diagnosed Chlamydia by Year of Diagnosis	NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina STD Surveillance Report.	2016, 2017, 2018, 2019, 2020
Newly Diagnosed Chronic Hepatitis B by Year of Diagnosis	NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina Hepatitis B/C Surveillance Report.	2016, 2017, 2018, 2019, 2020
Newly Diagnosed Early Syphilis by Year of Diagnosis	NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina STD Surveillance Report.	2016, 2017, 2018, 2019, 2020
Newly Diagnosed Gonorrhea by Year of Diagnosis	NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina STD Surveillance Report.	2016, 2017, 2018, 2019, 2020
Newly Diagnosed HIV by Year of Diagnosis	NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina HIV Surveillance Report.	2016, 2017, 2018, 2019, 2020
Newly Diagnosed Stage 3 (AIDS) by Year of Diagnosis	NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina HIV Surveillance Report.	2016, 2017, 2018, 2019, 2020
Newly Reported Chronic Hepatitis C by Year of Report	'NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina Hepatitis B/C Surveillance Report.	2016, 2017, 2018, 2019, 2020
Pneumonia and Influenza Mortality	NC Department of Health and Human Services, North Carolina State Center for Health	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019

	Statistics, County Health Data Book: Table CD12B, 5-year data.	
Septicemia Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Top 5 Causes of Emergency Department Visits by Injury	North Carolina Disease Event Tracking and Epidemiologic Tool (NC DETECT) Emergency Department Visit Data (2016-2020*), Analysis by: North Carolina Division of Public Health Injury and Violence Prevention Branch Epidemiology, Surveillance & Informatics Unit	2016, 2017, 2018, 2019, 2020
Top 5 Causes of Injury Death	North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data (2016-2020*), Analysis by: North Carolina Division of Public Health Injury and Violence Prevention Branch Epidemiology, Surveillance & Informatics Unit	2016, 2017, 2018, 2019, 2020
Top 5 Causes of Injury Hospitalizations	The North Carolina Healthcare Association (2016-2020*), Analysis by: North Carolina Division of Public Health Injury and Violence Prevention Branch Epidemiology, Surveillance & Informatics Unit	2016, 2017, 2018, 2019, 2020
Total Cancer Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Tuberculosis	Wake County Health & Human Services TB Program, 5/5/21	2016, 2017, 2018, 2019, 2020
Unintentional Motor Vehicle Injuries Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Vaccine Preventable Diseases	North Carolina Electronic Disease Surveillance System (NC EDSS), 12/15/2021	2016, 2017, 2018, 2019, 2020
Vectorborne Diseases	North Carolina Electronic Disease Surveillance System (NC EDSS), 5/5/2021	2016, 2017, 2018, 2019, 2020

Mental Health & Substance Use Data Sources

Table Name	Source	Years of Data Included
Benzodiazepine Overdose Deaths	Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.	2016-2020

Cocaine Overdose Deaths	Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.	2016-2020
Commonly Prescribed Opioid Overdose Deaths	Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.	2016-2020
Depression Prevalence, Medicare population	Centers for Medicare & Medicaid Services, CMS Chronic Condition Data Warehouse (CCW).	2013, 2014, 2015, 2016, 2017, 2018
Drug overdose deaths	NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from North Carolina State Center for Health Statistics, Vital Statistics, Death Certificate Data, 1999-present.	2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
Drug overdose ED visits	NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from North Carolina Division of Public Health, Epidemiology Section, North Carolina Disease Tracking and Epidemiologic Collection Tool (NC DETECT), 2016-present.	2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
Emergency department visits for medication/drug overdose, all intents	Analysis by North Carolina Division of Public Health, Injury and Violence Prevention with data sourced from NC DETECT. Population denominators are from the North Carolina Office of State Budget and Management.	2016, 2017, 2018, 2019, 2020
Emergency department visits for medication/drug overdose, unintentional	Analysis by North Carolina Division of Public Health, Injury and Violence Prevention with data sourced from NC DETECT. Population denominators are from the North Carolina Office of State Budget and Management.	2016, 2017, 2018, 2019, 2020
Emergency department visits for poisoning, all intents	Analysis by North Carolina Division of Public Health, Injury and Violence Prevention with data sourced from NC DETECT. Population denominators are from the North Carolina Office of State Budget and Management.	2016, 2017, 2018, 2019, 2020

Emergency department visits for poisoning, unintentional	Analysis by North Carolina Division of Public Health, Injury and Violence Prevention with data sourced from NC DETECT. Population denominators are from the North Carolina Office of State Budget and Management.	2016, 2017, 2018, 2019, 2020
Heroin Overdose Deaths	Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.	2016-2020
Mental Health Emergency Department Visits	North Carolina Disease Event Tracking and Epidemiologic Tool (NC DETECT), 12/31/2021	2016, 2017, 2018, 2019, 2020
Other Synthetic Narcotic Overdose Deaths	Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.	2016-2020
Percentage of overdose deaths involving illicit opioid	NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from North Carolina State Center for Health Statistics, Vital Statistics, Death Certificate Data, 1999-present.	1999, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
Psychostimulant Overdose Deaths	Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.	2016-2020
Schizophrenia/Other Psychotic Disorders Prevalence, Medicare population	Centers for Medicare & Medicaid Services, CMS Chronic Condition Data Warehouse (CCW).	2013, 2014, 2015, 2016, 2017, 2018
Suicide Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Total Medication and Drug Poisoning Deaths, All Intents, North Carolina Residents	Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data. Population denominators for total populations, age groups, and sex groups are from the North	2016, 2017, 2018, 2019, 2020

	<p>Carolina Office of State Budget and Management. Population denominators for race/ethnicity groups are from the US Decennial Census Redistricting dataset in 2020, otherwise the population denominators are from the American Community Survey 1-year estimates.</p>	
<p>Total Poisoning Deaths, All Intent, North Carolina Residents</p>	<p>Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data. Population denominators for total populations, age groups, and sex groups are from the North Carolina Office of State Budget and Management. Population denominators for race/ethnicity groups are from the US Decennial Census Redistricting dataset in 2020, otherwise the population denominators are from the American Community Survey 1-year estimates.</p>	<p>2016, 2017, 2018, 2019, 2020</p>
<p>Total Unintentional Medication and Drug Poisoning Deaths, North Carolina Residents</p>	<p>Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data. Population denominators for total populations, age groups, and sex groups are from the North Carolina Office of State Budget and Management. Population denominators for race/ethnicity groups are from the US Decennial Census Redistricting dataset in 2020, otherwise the population denominators are from the American Community Survey 1-year estimates.</p>	<p>2016, 2017, 2018, 2019, 2020</p>
<p>Total Unintentional Poisoning Deaths, North Carolina Residents</p>	<p>Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data. Population denominators for total populations, age groups, and sex groups are from the North Carolina Office of State Budget and Management. Population denominators for race/ethnicity groups are from the US Decennial Census Redistricting dataset in 2020, otherwise the population denominators are</p>	<p>2016, 2017, 2018, 2019, 2020</p>

	from the American Community Survey 1-year estimates.	
Unintentional Commonly Prescribed Opioid Overdose Deaths, NC Residents	Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.	2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
Unintentional Heroin Overdose Deaths by Year, NC Residents	Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.	2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
Unintentional Other Synthetic Opioid Overdose Deaths, NC Residents	Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.	2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020

Reproductive and Child Health Data Sources

Data Category	Table Name	Source	Years of Data Included
Reproductive & Child Health	Abortion Trend	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics, 5-year data.	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Reproductive & Child Health	Child Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics, 5-year data. CDC WONDER Bridged-Race Population Estimates for population denominators.	2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Reproductive & Child Health	Child Neglect and Abuse Summary	University of North Carolina at Chapel Hill Jordan Institute for Families, Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). File sent by communication with Steve Guest.	FY 2009-2010, FY 2010-2011, FY 2011-2012, FY 2012-2013, FY 2013-2014, FY 2014-2015, FY 2015-2016, FY 2016-2017, FY 2017-2018, FY 2018-2019, FY 2019-2020
Reproductive & Child Health	Fertility	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics, 5-year data.	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Reproductive & Child Health	Foster care	University of North Carolina at Chapel Hill Jordan Institute for Families, Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina	FY 2011-2012, FY 2012-2013, FY 2013-2014, FY 2014-2015, FY 2015-2016, FY 2016-2017, FY

		(v3.2). File sent by communication with Steve Guest.	2017-2018, FY 2018-2019, FY 2019-2020
Reproductive & Child Health	Low Birth Weight (<2500 g)	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 5-year data.	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Reproductive & Child Health	Pregnancy	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics, 5-year data.	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Reproductive & Child Health	Prenatal Care	NC Department of Health and Human Services, North Carolina State Center for Health Statistics	2015, 2016, 2017, 2018, 2019
Reproductive & Child Health	Prenatal Smoking	NC Department of Health and Human Services, North Carolina State Center for Health Statistics	2015, 2016, 2017, 2018, 2019, 2020
Reproductive & Child Health	Preterm Births	NC Department of Health and Human Services, North Carolina State Center for Health Statistics	2015, 2016, 2017, 2018, 2019
Reproductive & Child Health	Substantiated Child Neglect and Abuse	University of North Carolina at Chapel Hill Jordan Institute for Families, Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). File sent by communication with Steve Guest.	FY 2009-2010, FY 2010-2011, FY 2011-2012, FY 2012-2013, FY 2013-2014, FY 2014-2015, FY 2015-2016, FY 2016-2017, FY 2017-2018, FY 2018-2019, FY 2019-2020
Reproductive & Child Health	Teen Pregnancy	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics	2016, 2017, 2018, 2019, 2020
Reproductive & Child Health	Very Low Birth Weight (<1500 g)	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 5-year data.	2011-2015, 2012-2016, 2013-2017, 2014-2018, 2015-2019
Health Behaviors	Childhood Vaccinations	North Carolina Immunization Registry (NCIR,12/13/2021)	2016, 2017, 2018, 2019, 2020

APPENDIX 6: DATA TABLES

Demographic Data

Total Population

Indicator		Year	Wake	Travis	Mecklenburg	Texas	North Carolina
Total civilian population	Ages 18 years and older	2015-2019	809,736	956,236	817,721	20,829,050	7,873,952
		2014-2018	789,884	933,259	799,662	20,502,823	7,769,935
		2013-2017	770,159	908,764	781,867	20,115,418	7,666,358
		2012-2016	748,081	883,039	762,493	19,731,218	7,570,164
		2011-2015	729,054	860,468	744,606	19,384,188	7,478,600

U.S. Census Bureau. 2020 Decennial Census.

Age Distribution, 2019 – Percent and Count

	Wake	Mecklenburg	Travis
Under 18 years	23.6%	23.3%	21.2%
	262,706	258,277	270,379
18 to 24 years	9.1%	9.0%	9.1%
	100,823	99,851	115,377
25 to 44 years	29.6%	31.9%	36.3%
	329,540	353,659	462,193
45 to 64 years	25.6%	24.4%	23.3%
	284,828	270,883	296,452
65 years and over	12.0%	11.5%	10.2%
	133,864	127,686	129,553

U.S. Census Bureau, Population Estimates Program, 2019

Race and Ethnicity Distribution, 2020 – Percent and Count

	Wake	Mecklenburg	Travis	Texas	North Carolina
American Indian and Alaskan Native, non-Hispanic	0.2%	0.2%	0.2%	0.3%	1.0%
	2,760	2,730	2,762	85,425	100,886
Asian, non-Hispanic	8.6%	6.4%	7.7%	5.4%	3.3%
	96,665	71,583	99,660	1,561,518	340,059
Black or African American, non-Hispanic	18.1%	29.1%	7.5%	11.8%	20.2%
	204,535	324,832	96,270	3,444,712	2,107,526
Hispanic or Latino of Any Race	11.4%	15.2%	32.6%	39.3%	10.7%
	128,241	169,922	421,110	11,441,717	1,118,596
	0.0%	0.0%	0.1%	0.1%	0.1%

Native Hawaiian and Other Pacific Islander, non-Hispanic	453	531	774	27,857	6,980
Race/Ethnicity: White, non-Hispanic	57.1%	44.7%	47.5%	39.7%	60.5%
	645,020	498,683	612,824	11,584,597	6,312,148
Some Other Race, non-Hispanic	0.5%	0.6%	0.5%	0.4%	0.4%
	6,210	6,889	6,513	113,584	46,340
Two or more races, non-Hispanic	4.0%	3.6%	3.9%	3.0%	3.9%
	45,526	40,312	50,275	886,095	406,853

U.S. Census Bureau. 2020 Decennial Census: Table P2

Sex Distribution, 2019 – Percent and Count

	Year	Wake	Mecklenburg	Travis
Female	2019	51.4%	51.9%	49.5%
		570,996	576,686	630,216
Male	2019	48.6%	48.1%	50.5%
		540,765	533,670	643,738

U.S. Census Bureau, Population Estimates Program, 2019

Educational Attainment, Population 25 years and older – Percent and Count

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
Less than 9th grade	2015-2019	3.1%	4.7%	5.8%	8.2%	4.5%
		22,404	33,602	49,307	1,482,952	314,545
	2014-2018	3.3%	4.6%	5.9%	8.5%	4.7%
		22,860	32,187	48,185	1,506,111	322,916
	2013-2017	3.5%	4.6%	6.1%	8.7%	4.9%
		23,553	31,611	48,256	1,513,995	333,408
	2012-2016	3.5%	4.6%	6.4%	8.9%	5.2%
22,875		30,577	49,070	1,519,768	345,302	
2011-2015	3.7%	4.7%	6.6%	9.1%	5.4%	
	23,735	30,755	49,170	1,524,313	355,435	
9th to 12th grade, no diploma	2015-2019	3.9%	5.1%	4.8%	8.1%	7.7%
		27,537	36,475	40,624	1,475,007	538,851
	2014-2018	4.0%	5.4%	5.0%	8.3%	7.9%
		27,621	37,694	41,113	1,487,321	546,950
	2013-2017	4.1%	5.5%	5.2%	8.5%	8.2%
		27,509	38,033	41,080	1,491,909	556,286
	2012-2016	4.2%	5.8%	5.5%	8.8%	8.5%
27,633		38,933	41,851	1,496,184	569,525	
2011-2015	4.4%	5.9%	5.5%	9.0%	8.8%	
	28,059	38,556	41,151	1,503,584	578,830	
	2015-2019	15.1%	17.0%	16.5%	25.0%	25.7%
		107,848	122,512	139,014	4,525,099	1,791,532

High school graduate (includes equivalency)	2014-2018	15.4%	17.4%	16.8%	25.0%	25.9%
		107,053	122,374	137,546	4,448,881	1,780,253
	2013-2017	15.8%	17.9%	17.1%	25.1%	26.1%
		107,031	123,245	135,671	4,372,430	1,771,742
	2012-2016	16.2%	18.4%	17.0%	25.1%	26.4%
		106,154	123,444	130,629	4,286,126	1,765,772
2011-2015	16.8%	19.1%	17.1%	25.2%	26.7%	
	106,801	124,536	126,981	4,220,317	1,755,995	
Associate's degree	2015-2019	8.1%	8.0%	5.7%	7.2%	9.7%
		57,668	57,791	47,745	1,309,005	675,145
	2014-2018	8.2%	7.9%	5.6%	7.1%	9.5%
		57,046	55,480	45,923	1,261,050	652,658
	2013-2017	8.0%	7.7%	5.6%	6.9%	9.3%
		54,443	52,969	44,460	1,208,509	627,997
2012-2016	8.2%	7.6%	5.5%	6.8%	9.1%	
	54,107	50,572	41,932	1,160,660	607,780	
2011-2015	8.2%	7.4%	5.6%	6.7%	9.0%	
	52,076	48,090	41,719	1,119,055	589,399	
Bachelor's degree	2015-2019	32.9%	29.8%	31.7%	19.5%	20.0%
		234,532	215,134	267,297	3,534,714	1,395,214
	2014-2018	32.6%	29.5%	30.8%	19.1%	19.6%
		226,260	207,540	252,655	3,409,836	1,345,846
	2013-2017	32.1%	29.2%	30.2%	18.8%	19.2%
		217,337	200,706	240,380	3,288,777	1,303,604
2012-2016	31.9%	28.7%	29.6%	18.5%	18.8%	
	209,531	191,987	227,391	3,158,468	1,255,557	
2011-2015	31.2%	28.4%	29.3%	18.2%	18.4%	
	199,080	185,164	217,271	3,054,382	1,213,587	
Graduate or professional degree	2015-2019	19.9%	15.5%	18.3%	10.4%	11.3%
		141,621	112,014	154,063	1,885,962	787,639
	2014-2018	19.3%	15.3%	17.8%	10.2%	10.9%
		133,971	107,805	145,674	1,809,633	753,360
	2013-2017	18.9%	14.9%	17.2%	9.9%	10.6%
		127,784	102,491	136,996	1,721,618	722,112
2012-2016	18.1%	14.4%	16.8%	9.6%	10.2%	
	119,062	96,678	129,220	1,642,209	684,878	
2011-2015	17.7%	13.9%	16.7%	9.4%	9.9%	
	112,959	90,464	123,902	1,568,834	653,178	
Some college, no degree	2015-2019	17.0%	19.9%	17.2%	21.6%	21.2%
		121,450	143,394	144,980	3,918,815	1,480,933
	2014-2018	17.3%	20.1%	18.1%	21.8%	21.5%

		120,071	141,319	148,677	3,892,527	1,479,791
	2013-2017	17.6%	20.2%	18.7%	22.1%	21.7%
		119,462	138,991	148,380	3,857,193	1,468,899
	2012-2016	17.8%	20.5%	19.2%	22.4%	21.8%
		116,894	137,598	147,694	3,821,713	1,455,858
	2011-2015	18.0%	20.6%	19.2%	22.5%	21.8%
		114,390	134,217	142,175	3,774,658	1,435,877

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1501

Household Language – Percent and Count

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
English only	2015-2019	82.4%	81.6%	68.7%	63.9%	88.4%
		329,586	335,285	324,340	6,189,597	3,506,724
	2014-2018	82.8%	81.6%	68.7%	64.0%	88.6%
		323,218	329,228	315,082	6,118,137	3,473,080
	2013-2017	83.0%	81.9%	68.7%	64.4%	88.9%
		317,043	324,019	307,579	6,075,424	3,442,696
2012-2016	83.5%	82.1%	68.9%	64.6%	89.0%	
	311,705	317,453	301,726	6,003,947	3,396,582	
Spanish	2015-2019	7.6%	9.7%	22.1%	28.9%	6.8%
		30,305	39,687	104,174	2,800,823	271,385
	2014-2018	7.5%	9.7%	22.2%	28.9%	6.8%
		29,385	38,975	101,635	2,758,226	265,212
	2013-2017	7.5%	9.5%	22.3%	28.7%	6.7%
		28,755	37,539	99,771	2,709,979	259,297
2012-2016	7.4%	9.3%	22.4%	28.7%	6.6%	
	27,434	36,051	98,086	2,665,398	251,281	
Asian and Pacific Island languages	2015-2019	3.9%	3.2%	4.1%	3.3%	1.8%
		15,579	13,106	19,541	318,167	71,051
	2014-2018	3.7%	3.1%	4.1%	3.2%	1.7%
		14,581	12,553	18,915	308,321	68,223
	2013-2017	3.7%	2.9%	4.2%	3.1%	1.7%
		14,041	11,373	18,653	293,944	65,183
2012-2016	3.5%	2.9%	4.1%	3.0%	1.6%	
	13,106	11,351	17,733	281,287	62,409	
Other Indo-European languages	2015-2019	4.8%	4.3%	4.0%	2.8%	2.3%
		19,143	17,835	18,782	274,643	91,915
	2014-2018	4.6%	4.4%	3.9%	2.8%	2.3%
		17,836	17,935	17,827	266,930	88,354
	2013-2017	4.4%	4.5%	3.9%	2.8%	2.2%
16,722		17,977	17,267	259,472	85,207	

	2012-2016	4.3%	4.5%	3.7%	2.7%	2.2%
		15,996	17,466	16,418	253,883	84,475
Other languages	2015-2019	1.4%	1.3%	1.2%	1.1%	0.6%
		5,559	5,184	5,524	108,417	24,407
	2014-2018	1.4%	1.2%	1.1%	1.1%	0.6%
		5,478	4,855	5,025	101,432	23,728
	2013-2017	1.4%	1.2%	1.0%	1.0%	0.6%
		5,410	4,595	4,291	91,600	21,963
	2012-2016	1.3%	1.2%	0.9%	0.9%	0.5%
		5,004	4,483	3,868	85,039	20,645

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table C16002

Household Parent Details – Percent and Count

		Year	Wake	Mecklenburg	Travis	Texas	North Carolina
Female family household without spouse	With own children of the householder under 18 years	2015-2019	57.9%	56.4%	55.4%	55.7%	53.6%
			25,864	30,378	25,117	744,360	276,250
		2014-2018	58.6%	57.0%	57.5%	56.5%	53.8%
			25,684	31,193	26,159	750,376	276,724
		2013-2017	59.9%	58.6%	58.2%	57.3%	54.6%
			25,668	31,651	26,645	758,736	279,976
2012-2016	59.8%	59.1%	59.5%	57.9%	55.6%		
	25,377	32,131	27,808	761,936	284,537		
Male family household without spouse	With own children of the householder under 18 years	2015-2019	61.9%	60.0%	59.7%	58.4%	56.6%
			26,152	32,853	27,836	762,489	290,192
		2014-2018	55.8%	51.0%	46.5%	46.0%	49.3%
			8,303	9,204	9,016	230,453	86,713
		2013-2017	55.1%	49.0%	46.6%	46.1%	49.5%
			8,219	8,641	8,673	225,236	85,921
2012-2016	54.8%	47.5%	43.6%	46.6%	50.0%		
	8,354	8,543	7,902	224,325	85,759		
Married-couple family household	With own children of the householder under 18 years	2015-2019	55.3%	47.6%	45.0%	46.9%	50.5%
			8,246	8,257	8,288	222,896	85,557
		2014-2018	54.2%	49.8%	44.7%	46.8%	50.9%
			7,884	8,550	8,276	218,100	85,372
		2013-2017	48.5%	44.6%	46.8%	44.6%	37.8%
			101,065	79,938	95,683	2,175,112	719,960
2012-2016	49.0%	45.1%	46.6%	44.8%	38.1%		
	99,223	79,783	91,606	2,156,831	717,865		
2013-2017	49.5%	45.8%	46.5%	45.0%	38.3%		
	97,421	78,856	88,576	2,138,562	715,103		
2012-2016	50.1%	46.1%	46.6%	45.1%	38.5%		
	96,261	77,105	85,221	2,102,560	706,208		

		2011-2015	50.0%	46.0%	47.3%	45.3%	38.5%
			93,497	75,400	84,831	2,077,904	699,854
Total households	With own children of the householder under 18 years	2015-2019	33.8%	29.1%	27.5%	32.5%	27.3%
			135,232	119,520	129,816	3,149,925	1,082,923
		2014-2018	34.1%	29.6%	27.6%	32.8%	27.6%
			133,126	119,617	126,438	3,132,443	1,080,510
		2013-2017	34.4%	30.1%	27.5%	33.1%	27.9%
			131,443	119,050	123,123	3,121,623	1,080,838
		2012-2016	34.8%	30.4%	27.7%	33.2%	28.2%
			129,884	117,493	121,317	3,087,392	1,076,302
2011-2015	35.0%	30.8%	28.2%	33.4%	28.5%		
	127,533	116,803	120,943	3,058,493	1,075,418		

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101

Urban and Rural Status, 2010 – Percent and Count

	Wake	Mecklenburg	Travis
Percentage of the total population of the county represented by the urban population	93.9%	98.9%	94.5%
	846,020	909,830	968,305
Percentage of the total population of the county represented by the rural population	6.1%	1.1%	5.5%
	54,973	9,798	55,961

U.S. Census Bureau. 2010 Decennial Census: Percent Urban and rural in 2010 by State and County

Population Growth Trend

Year	Wake	Mecklenburg	North Carolina
2050	1,730,067	1,750,805	13,967,473
2040	1,517,529	1,540,320	12,821,708
2030	1,305,154	1,329,914	11,677,603
2020	1,102,782	1,118,775	10,587,440
2010	906,870	923,242	9,574,323
2000	633,333	701,061	8,081,986

NC Office of State Budget and Management, County/State Population Projections

Elderly Population Growth Trend

	Year	Wake	Mecklenburg	North Carolina
Elderly population age 65+	2050	20.9%	19.0%	21.5%
		362,428	333,306	3,001,806
	2040	19.6%	17.5%	21.3%
		297,126	269,560	2,732,013
	2030	16.8%	15.5%	20.2%
		219,147	205,566	2,356,021
	2020	12.3%	12.0%	16.9%
		136,069	134,641	1,789,988
	2010	8.6%	8.9%	13.0%

		77,596	81,926	1,243,908
	2000	7.4%	8.5%	12.0%
		46,640	59,781	969,723

NC Office of State Budget and Management

Birth Rate per 1,000 population

Indicator		Year	Wake	Mecklenburg	North Carolina
North Carolina Resident Live Birth Rates per 1,000 Population by Race/Ethnicity	Hispanic	2015-2019	19	21	19
		2014-2018	19	21	19
		2013-2017	19	21	20
		2012-2016	20	22	20
		2011-2015	20	22	21
		2010-2014	21	22	21
		2009-2013	22	23	23
		2008-2012	25	25	24
		2007-2011	28	28	28
		2006-2010	32	32	30
	Non-Hispanic Black	2015-2019	13	14	13
		2014-2018	13	14	13
		2013-2017	13	14	13
		2012-2016	13	14	13
		2011-2015	14	15	13
		2010-2014	14	15	13
		2009-2013	15	15	14
		2008-2012	15	16	14
		2007-2011	16	16	15
		2006-2010	16	17	15
	Non-Hispanic White	2015-2019	10	11	10
		2014-2018	10	11	10
		2013-2017	11	11	10
		2012-2016	11	12	10
		2011-2015	11	12	10
		2010-2014	11	12	11
		2009-2013	12	12	11
2008-2012		12	12	11	
2007-2011		12	12	11	
2006-2010		12	13	11	
North Carolina Resident Live Birth Rates per 1,000 Population Total	All Race/Ethnicity	2015-2019	12	14	12
		2014-2018	12	14	12
		2013-2017	12	14	12
		2012-2016	13	14	12
		2011-2015	13	14	12
		2010-2014	13	14	12
		2009-2013	14	15	13
		2008-2012	14	15	13

		2007-2011	15	16	14
		2006-2010	15	16	14

NC Department of Health and Human Services,

North Carolina State Center for Health Statistics, County Health Data Book

Life Expectancy

Indicator		Year	Wake	Mecklenburg	North Carolina
Life Expectancy at Birth by Race	White	2017-2019	82.80	82.60	79.10
	African American	2017-2019	78.20	77.20	75.70
Life Expectancy at Birth by Sex	Male	2017-2019	79.50	78.00	75.60
	Female	2017-2019	83.80	83.00	80.80
Life Expectancy Total	All Race/Ethnicity	2017-2019	81.80	80.60	78.20

NC Department of Health and Human Services, North Carolina State Center for Health Statistics

Military Veteran Population, Ages 18 and older

Year	Wake	Travis	Mecklenburg	Texas	North Carolina
2015-2019	6.3%	5.4%	5.9%	7.0%	8.4%
	51,269	51,361	47,874	1,453,450	659,584
2014-2018	6.5%	5.5%	6.0%	7.2%	8.6%
	51,410	51,327	48,118	1,474,232	667,696
2013-2017	6.7%	5.7%	6.1%	7.4%	8.7%
	51,818	51,893	47,385	1,482,871	670,326
2012-2016	7.1%	5.9%	6.3%	7.7%	9.0%
	52,877	51,787	48,088	1,513,294	683,221
2011-2015	7.2%	6.1%	6.6%	7.9%	9.3%
	52,548	52,401	49,283	1,539,655	696,119

American Community Survey, 5-Year Estimates: Table S2101

Veterans by Age – Percent and Count

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
Ages 18-34	2015-2019	8.9%	11.0%	15.0%	12.2%	9.9%
		4,588	5,289	7,689	177,059	65,050
	2014-2018	9.3%	10.3%	15.0%	12.4%	9.9%
		4,792	4,976	7,685	183,279	66,256
	2013-2017	9.5%	9.3%	15.3%	12.2%	9.4%
		4,923	4,399	7,945	180,679	62,917
2012-2016	9.7%	9.1%	14.9%	12.1%	9.2%	
	5,145	4,399	7,734	182,480	63,130	

	2011-2015	9.5%	8.5%	14.2%	11.9%	9.2%
		4,991	4,187	7,426	182,881	64,285
Ages 35-54	2015-2019	31.3%	30.3%	29.7%	28.4%	26.0%
		16,040	14,502	15,263	412,737	171,337
	2014-2018	30.9%	31.0%	28.9%	28.0%	26.1%
		15,891	14,915	14,852	413,503	174,307
	2013-2017	31.8%	31.5%	27.7%	28.0%	26.5%
		16,494	14,920	14,395	414,972	177,929
	2012-2016	33.6%	32.3%	28.7%	27.8%	26.9%
		17,760	15,534	14,842	420,342	183,975
2011-2015	33.8%	32.1%	28.8%	27.8%	27.4%	
	17,757	15,799	15,068	428,442	190,907	
Ages 55-64	2015-2019	19.2%	18.8%	17.7%	17.6%	19.0%
		9,822	9,003	9,115	256,209	125,538
	2014-2018	19.5%	18.9%	18.0%	18.0%	19.3%
		10,043	9,114	9,259	265,989	128,813
	2013-2017	18.8%	19.2%	19.0%	18.7%	19.6%
		9,726	9,117	9,868	276,772	131,279
	2012-2016	18.7%	19.4%	18.8%	19.4%	20.2%
		9,892	9,347	9,722	293,144	138,071
2011-2015	19.7%	21.6%	20.2%	20.5%	21.2%	
	10,347	10,637	10,583	315,677	147,872	
Ages 65-74	2015-2019	21.8%	21.8%	20.7%	23.5%	25.4%
		11,184	10,448	10,646	340,921	167,256
	2014-2018	22.1%	22.2%	21.4%	23.3%	25.2%
		11,349	10,665	10,995	343,593	168,263
	2013-2017	22.2%	22.3%	21.3%	22.9%	25.0%
		11,510	10,590	11,036	339,984	167,331
	2012-2016	21.3%	21.5%	21.0%	22.4%	24.3%
		11,258	10,333	10,854	338,938	165,800
2011-2015	20.7%	20.5%	19.9%	21.5%	23.0%	
	10,862	10,114	10,429	330,406	160,214	
Ages 75+	2015-2019	18.8%	18.0%	16.8%	18.3%	19.8%
		9,635	8,632	8,648	266,524	130,403
	2014-2018	18.2%	17.6%	16.6%	18.2%	19.5%
		9,335	8,448	8,536	267,868	130,057
	2013-2017	17.7%	17.6%	16.7%	18.2%	19.5%
		9,165	8,359	8,649	270,464	130,870
	2012-2016	16.7%	17.6%	16.7%	18.4%	19.4%
		8,822	8,475	8,635	278,390	132,245
2011-2015	16.3%	17.3%	17.0%	18.3%	19.1%	

		8,591	8,546	8,895	282,249	132,841
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U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2101

Immigration: Number of Persons Arriving trend

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
Entered before 1990	2015-2019	33,846	33,582	54,925	1,493,496	224,529
	2014-2018	33,157	34,385	56,870	1,517,876	224,046
	2013-2017	33,878	35,534	57,467	1,546,064	225,239
	2012-2016	32,617	35,909	56,785	1,564,909	223,966
	2011-2015	32,479	35,247	56,288	1,589,261	223,670
Entered 1990 to 1999	2015-2019	35,791	37,931	50,771	1,173,199	222,033
	2014-2018	36,239	38,132	51,353	1,193,667	227,481
	2013-2017	37,268	38,699	53,869	1,211,326	232,459
	2012-2016	37,132	38,578	53,181	1,207,887	233,323
	2011-2015	36,455	39,224	55,773	1,220,371	237,379
Entered 2000 to 2009	2015-2019	49,019	54,489	68,129	1,422,183	283,904
	2014-2018	49,363	56,325	70,946	1,440,846	288,573
	2013-2017	49,658	57,675	73,191	1,440,972	295,791
	2012-2016	48,157	58,723	75,388	1,452,765	299,799
	2011-2015	50,591	58,512	80,474	1,461,418	311,882
Entered 2010 or later	2015-2019	43,195	54,581	65,695	1,155,014	217,934
	2014-2018	35,469	44,964	55,995	996,555	182,221
	2013-2017	30,222	37,154	46,350	820,304	152,017
	2012-2016	25,064	28,518	36,035	644,213	121,667
	2011-2015	18,622	21,600	27,556	484,043	93,681

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B05005

County Health Ranking

Indicator	Year	Wake	Mecklenburg
Clinical Care Rank	2021	4.00	22.00
Health Behavior Rank	2021	2.00	5.00
Length of Life Rank	2021	1.00	6.00
Overall Factors Rank	2021	2.00	5.00
Overall Outcomes Rank	2021	1.00	4.00
Physical Environment Rank	2021	85.00	30.00
Quality of Life Rank	2021	2.00	5.00
Social & Economic Factors Rank	2021	1.00	11.00

Compiled in County Health Rankings & Roadmaps 2021, University of Wisconsin Population Health Institute

Neighborhood & Physical Environment

Super Markets and Grocery Stores Count and Rate per 1,000 Population

Year	Wake	Mecklenburg	Travis	
2011	Count	173	200	133
	Rate	0.19	0.21	0.13
2016	Count	194	216	151
	Rate	0.18	0.20	0.13

U.S. Department of Agriculture. Food Environment Atlas Data Download, Last Updated 9/10/2020

Air Pollution: Number of days in the year where PM2.5 or PM10 was the main pollutant

	Year	Wake	Mecklenburg	Travis
Days PM2.5	2021	63	105	98
	2020	194	162	197
	2019	188	146	180
	2018	210	153	193
	2017	199	179	161
Days PM10	2021	0	0	4
	2020	0	0	1
	2019	0	0	0
	2018	0	1	1
	2017	0	0	0

U.S. Environmental Protection Agency, Annual Summary Data

Air Quality Index Days

	Year	Wake	Mecklenburg	Travis
A. Good Days	2021	196	187	146
	2020	284	296	260
	2019	245	234	249
	2018	246	242	239
	2017	252	228	262
B. Moderate Days	2021	48	85	67
	2020	80	68	104
	2019	120	121	114
	2018	115	113	117
	2017	113	134	99
C. Unhealthy for Sensitive Groups Days	2021	0	2	0
	2020	1	2	1
	2019	0	10	2
	2018	0	5	9
	2017	0	3	4
D. Unhealthy Days	2021	0	0	0
	2020	0	0	1
	2019	0	0	0

	2018	0	0	0
	2017	0	0	0
E. Very Unhealthy Days	2021	0	0	0
	2020	0	0	0
	2019	0	0	0
	2018	0	0	0
	2017	0	0	0
F. Hazardous Days	2021	0	0	0
	2020	0	0	0
	2019	0	0	0
	2018	0	0	0
	2017	0	0	0

U.S. Environmental Protection Agency, Annual Summary Data

Access to Exercise Opportunities

Year	Wake	Mecklenburg	Travis	North Carolina
2014	91.3%	89.5%	97.0%	75.4%
2016	92.2%	92.2%	92.6%	76.1%
2018	88.9%	91.3%	92.2%	73.4%
2019	90.1%	92.3%	93.2%	73.5%

County Health Rankings & Roadmaps 2017, 2018, 2019, and 2021. University of Wisconsin Population Health Institute.

Childhood Blood Lead Levels

Indicator		Year		Wake	Mecklenburg	North Carolina
Blood lead levels greater than or equal to 5 µg/dL	Ages 1 and 2 years	2019	Percent	0.8%	0.7%	0.9%
			Count	98	72	1,234
		2018	Percent	1.2%	0.7%	1.2%
			Count	161	67	1,649
		2017	Percent	1.2%	0.8%	1.3%
			Count	138	79	1,691
	2016	Percent	1.4%	0.9%	1.7%	
		Count	149	87	2,082	
	2015	Percent	1.1%	1.4%	1.7%	
		Count	112	115	1,935	
	Birth to 6 years	2019	Percent	0.4%	0.3%	0.3%
			Count	51	30	516
		2018	Percent	0.4%	0.3%	0.4%
			Count	58	31	548
2017		Percent	0.3%	0.3%	0.4%	
		Count	41	32	573	
2016		Percent	0.4%	0.3%	0.5%	
		Count	51	30	680	

Blood lead levels greater than or equal to 10 µg/dL	Birth to 6 years	2015	Percent	0.3%	0.3%	0.4%
			Count	34	28	574
		2019	Percent	0.1%	0.1%	0.1%
			Count	17	10	146
		2018	Percent	0.1%	0.1%	0.1%
			Count	19	13	147
		2017	Percent	0.1%	0.0%	0.1%
			Count	8	5	137
		2016	Percent	0.1%	0.1%	0.1%
			Count	11	13	174
		2015	Percent	0.1%	0.1%	0.1%
			Count	7	11	150

NC Department of Health & Human Services, Environmental Health Section, Children's Environmental Health, Childhood Lead Poisoning Prevention Program

Household With Internet Access

Year		Wake	Mecklenburg	Travis	Texas	North Carolina
2015-2019	Percent	91.6%	88.3%	88.4%	82.1%	81.1%
	Count	366,508	362,973	417,492	7,961,166	3,215,635
2014-2018	Percent	89.9%	86.7%	86.7%	79.6%	78.7%
	Count	351,113	349,740	397,489	7,606,748	3,083,649
2013-2017	Percent	88.5%	84.5%	85.0%	77.3%	76.4%
	Count	338,221	334,315	380,601	7,288,964	2,959,479

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2801

Population Served by Community Water System

Year		Wake	Mecklenburg	Travis
2015	Percent	86.6%	82.6%	95.5%
	Count	886,797	854,007	1,124,118

Dieter, C.A., Linsey, K.S., Caldwell, R.R., Harris, M.A., Ivahnenko, T.I., Lovelace, J.K., Maupin, M.A., and Barber, N.L., 2018, Estimated Use of Water in the United States County-Level Data for 2015 (ver. 2.0, June 2018): U.S. Geological Survey data release, <https://doi.org/10.5066/F7TB15V5>.

Severe Housing Problems

Year		Wake	Mecklenburg	North Carolina
2014-2018	Percent	12.6%	15.6%	14.9%
	Count	49,095	63,020	582,270
2013-2017	Percent	13.2%	15.9%	15.1%
	Count	50,505	62,875	585,620
2012-2016	Percent	14.0%	16.3%	15.6%
	Count	52,080	62,915	594,635
2011-2015	Percent	14.3%	17.2%	16.1%
	Count	52,220	65,265	609,535
2010-2014	Percent	14.8%	17.8%	16.6%

	Count	52,470	66,110	619,445
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U.S. Department of Housing and Urban Development (HUD), Comprehensive Housing Affordability Strategy (CHAS) Data

Transportation to Work

	Year		Wake	Mecklenburg	Travis	Texas	North Carolina	
Bicycle	2015-2019	Percent	0.3%	0.1%	1.1%	0.2%	0.2%	
		Count	1,473	796	7,124	31,812	9,292	
	2014-2018	Percent	0.3%	0.2%	1.1%	0.3%	0.2%	
		Count	1,482	904	7,233	32,418	9,824	
	2013-2017	Percent	0.3%	0.2%	1.1%	0.3%	0.2%	
		Count	1,491	1,051	6,903	33,646	10,195	
	2012-2016	Percent	0.3%	0.2%	1.1%	0.3%	0.2%	
		Count	1,695	1,156	6,914	33,420	10,548	
	2011-2015	Percent	0.3%	0.2%	1.2%	0.3%	0.2%	
		Count	1,428	1,214	7,095	33,176	10,772	
	Carpooled	2015-2019	Percent	8.0%	8.8%	9.1%	10.0%	9.2%
			Count	44,445	49,271	61,801	1,308,229	436,089
2014-2018		Percent	8.4%	9.2%	9.3%	10.2%	9.3%	
		Count	45,809	50,116	60,958	1,305,195	434,180	
2013-2017		Percent	8.7%	9.6%	9.7%	10.4%	9.5%	
		Count	45,902	50,425	61,516	1,299,410	434,719	
2012-2016		Percent	9.1%	9.8%	9.8%	10.6%	9.8%	
		Count	46,347	49,722	59,924	1,297,571	436,604	
2011-2015		Percent	9.1%	9.9%	10.1%	10.8%	10.0%	
		Count	44,559	48,689	59,745	1,290,602	435,307	
Drove Alone		2015-2019	Percent	79.0%	77.0%	74.1%	80.5%	80.9%
			Count	440,142	430,321	502,207	10,560,476	3,850,705
	2014-2018	Percent	79.2%	77.4%	74.5%	80.6%	81.1%	
		Count	430,910	419,815	488,609	10,345,804	3,781,646	
	2013-2017	Percent	79.5%	77.4%	74.5%	80.5%	81.2%	
		Count	420,552	407,530	473,312	10,097,917	3,709,128	
	2012-2016	Percent	79.5%	77.3%	74.4%	80.3%	81.1%	
		Count	405,624	392,886	455,685	9,830,530	3,609,146	
	2011-2015	Percent	79.7%	77.3%	74.3%	80.2%	81.1%	
		Count	392,285	380,196	437,603	9,596,193	3,537,155	
	Taxicab, motorcycle, or other means	2015-2019	Percent	1.0%	1.2%	1.2%	1.3%	1.1%
			Count	5,572	6,510	8,179	171,554	52,475
2014-2018		Percent	1.0%	1.1%	1.2%	1.4%	1.1%	
		Count	5,177	5,971	7,746	173,795	49,156	
2013-2017		Percent	1.0%	1.1%	1.2%	1.4%	1.1%	
		Count	5,524	6,019	7,907	174,791	48,918	

	2012-2016	Percent	1.1%	1.2%	1.4%	1.4%	1.1%
		Count	5,541	5,902	8,313	173,283	47,681
	2011-2015	Percent	1.0%	1.1%	1.4%	1.5%	1.1%
		Count	5,100	5,408	8,525	173,803	47,450
Used Public Transportation	2015-2019	Percent	1.0%	2.9%	2.9%	1.4%	1.0%
		Count	5,809	16,204	19,525	181,273	48,284
	2014-2018	Percent	1.1%	3.0%	3.1%	1.4%	1.0%
		Count	5,821	16,382	20,441	184,848	47,381
	2013-2017	Percent	1.1%	3.1%	3.2%	1.5%	1.0%
		Count	5,768	16,255	20,378	187,311	47,903
	2012-2016	Percent	1.1%	3.2%	3.3%	1.5%	1.1%
		Count	5,820	16,239	20,421	188,919	48,349
	2011-2015	Percent	1.1%	3.4%	3.5%	1.6%	1.1%
		Count	5,588	16,606	20,394	188,363	48,600
Walked	2015-2019	Percent	1.2%	1.9%	2.1%	1.5%	1.8%
		Count	6,452	10,848	14,111	200,955	85,749
	2014-2018	Percent	1.2%	1.9%	2.0%	1.5%	1.8%
		Count	6,553	10,563	13,202	196,708	85,152
	2013-2017	Percent	1.3%	1.9%	1.9%	1.6%	1.8%
		Count	6,633	9,925	12,246	195,192	83,872
	2012-2016	Percent	1.3%	2.0%	2.0%	1.6%	1.8%
		Count	6,473	10,135	12,189	192,854	80,835
	2011-2015	Percent	1.4%	1.9%	2.1%	1.6%	1.8%
		Count	6,730	9,551	12,463	192,491	78,111
Worked from home	2015-2019	Percent	9.6%	8.1%	9.5%	5.0%	5.8%
		Count	53,534	45,180	64,382	661,212	276,146
	2014-2018	Percent	8.9%	7.2%	8.8%	4.7%	5.4%
		Count	48,337	38,939	57,839	604,052	253,038
	2013-2017	Percent	8.2%	6.7%	8.4%	4.5%	5.2%
		Count	43,120	35,348	53,160	562,209	235,595
	2012-2016	Percent	7.6%	6.4%	8.0%	4.3%	4.8%
		Count	39,006	32,424	48,746	520,981	214,932
	2011-2015	Percent	7.4%	6.1%	7.4%	4.1%	4.7%
		Count	36,404	30,077	43,449	491,391	204,196

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B08006

Housing

Housing Cost Burden, Percent and Count

Indicator	Year	Wake	Mecklenburg	Travis	Texas	North Carolina	
Percentage of household income spent on	30.0 to 34.9 percent	2015-2019	5.5%	5.6%	6.8%	6.8%	6.2%
			10,597	10,029	11,413	233,916	100,398
	2014-2018	5.7%	5.8%	7.1%	6.8%	6.4%	

housing for housing units with a mortgage	2013-2017	10,876	10,159	11,728	230,757	102,654	
		5.9%	6.1%	7.4%	6.8%	6.5%	
	2012-2016	11,132	10,649	12,097	229,375	105,101	
		6.2%	6.5%	7.6%	6.9%	6.8%	
	2011-2015	11,404	11,262	12,114	232,225	108,823	
		6.8%	7.0%	8.0%	7.1%	7.2%	
	35.0 percent or more	2015-2019	12,545	11,999	12,454	239,853	114,375
			13.5%	17.8%	20.4%	19.7%	18.8%
		2014-2018	26,256	31,813	34,422	676,182	305,890
			13.8%	18.2%	20.5%	19.9%	19.6%
		2013-2017	26,241	32,147	33,742	676,088	315,771
			14.4%	18.4%	20.7%	19.9%	20.3%
		2012-2016	27,116	32,100	33,767	675,063	325,445
			15.3%	19.3%	21.7%	20.5%	21.3%
2011-2015	28,275	33,292	34,668	690,880	338,318		
	16.9%	20.8%	22.5%	21.3%	22.6%		
Percentage of household income spent on housing for occupied units paying rent	2015-2019	31,086	35,821	35,122	718,443	360,647	
		9.2%	8.9%	9.3%	9.1%	9.1%	
	2014-2018	12,770	15,195	20,138	312,686	114,575	
		9.4%	8.5%	9.3%	9.0%	9.2%	
	2013-2017	12,744	14,284	19,590	304,453	114,410	
		9.4%	8.7%	9.3%	9.0%	9.1%	
	2012-2016	12,478	14,254	18,975	299,941	112,645	
		9.5%	8.8%	9.1%	8.9%	9.2%	
	2011-2015	12,518	13,962	18,285	292,570	112,229	
		9.4%	8.7%	9.2%	8.9%	9.2%	
	35.0 percent or more	2015-2019	11,836	13,436	18,241	284,970	109,102
			34.0%	37.5%	37.8%	38.6%	38.3%
		2014-2018	47,364	64,205	81,541	1,321,764	482,507
			34.6%	37.7%	38.9%	38.9%	39.2%
2013-2017		46,966	63,166	81,642	1,310,226	489,480	
		35.0%	37.7%	39.3%	38.8%	39.6%	
2012-2016		46,298	61,600	80,310	1,285,344	488,174	
		35.6%	38.0%	40.4%	39.0%	40.2%	
2011-2015	46,846	60,487	81,197	1,278,294	489,814		
	36.8%	39.4%	40.9%	39.5%	41.4%		
		46,230	60,895	80,794	1,260,206	494,149	

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04

Median Monthly Housing Cost

Indicator	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
Median monthly owner costs for housing units with a mortgage	2011-2015	\$1,533.00	\$1,422.00	\$1,749.00	\$1,432.00	\$1,248.00
	2012-2016	\$1,543.00	\$1,416.00	\$1,780.00	\$1,444.00	\$1,243.00
	2013-2017	\$1,568.00	\$1,431.00	\$1,851.00	\$1,484.00	\$1,261.00
	2014-2018	\$1,612.00	\$1,462.00	\$1,938.00	\$1,549.00	\$1,290.00

	2015-2019	\$1,655.00	\$1,494.00	\$2,019.00	\$1,606.00	\$1,314.00
Median monthly rent for occupied units paying rent	2011-2015	\$948.00	\$938.00	\$1,054.00	\$882.00	\$797.00
	2012-2016	\$989.00	\$977.00	\$1,113.00	\$911.00	\$816.00
	2013-2017	\$1,043.00	\$1,032.00	\$1,172.00	\$952.00	\$844.00
	2014-2018	\$1,102.00	\$1,099.00	\$1,232.00	\$998.00	\$877.00
	2015-2019	\$1,150.00	\$1,146.00	\$1,289.00	\$1,045.00	\$907.00

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04

Housing Units, Counts

Indicator	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
Housing units with a mortgage	2015-2019	194,412	179,185	170,072	3,447,105	1,633,699
	2014-2018	190,836	177,319	165,769	3,421,912	1,617,213
	2013-2017	188,967	175,364	163,943	3,412,335	1,615,086
	2012-2016	185,155	173,335	160,646	3,389,912	1,599,623
	2011-2015	185,003	173,531	156,863	3,396,286	1,609,259
Housing units with a mortgage <i>(excluding units where monthly owner costs as percentage of household income cannot be computed)</i>	2015-2019	193,868	178,320	168,958	3,431,098	1,624,677
	2014-2018	190,265	176,492	164,667	3,404,426	1,607,904
	2013-2017	188,430	174,490	162,865	3,393,851	1,605,364
	2012-2016	184,484	172,399	159,543	3,371,717	1,589,580
	2011-2015	184,282	172,560	155,862	3,377,369	1,599,066
Occupied units paying rent	2015-2019	141,131	175,322	220,669	3,502,829	1,288,041
	2014-2018	137,591	171,752	214,809	3,450,353	1,278,585
	2013-2017	133,718	167,384	208,964	3,395,179	1,262,654
	2012-2016	132,785	162,816	205,672	3,353,203	1,248,071
	2011-2015	127,015	157,764	202,348	3,268,790	1,220,516
Occupied units paying rent <i>(excluding units where gross rent as a percentage of household income cannot be computed)</i>	2015-2019	139,335	171,288	215,838	3,420,397	1,259,014
	2014-2018	135,824	167,622	209,699	3,367,669	1,249,173
	2013-2017	132,349	163,339	204,247	3,314,834	1,233,666
	2012-2016	131,468	159,127	201,165	3,275,554	1,219,134
	2011-2015	125,492	154,469	197,666	3,192,332	1,192,173

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04

Household Density, Percent and Count

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
1.00 or less occupants per room	2015-2019	98.0%	97.7%	95.7%	95.2%	97.7%
		392,004	401,616	451,814	9,230,254	3,873,915
	2014-2018	97.8%	97.8%	95.6%	95.2%	97.7%
		382,069	394,476	438,496	9,095,861	3,827,932
	2013-2017	97.5%	97.7%	95.6%	95.1%	97.6%
		372,413	386,252	427,751	8,971,931	3,782,775
	2012-2016	97.5%	97.6%	95.5%	95.1%	97.6%
		363,799	377,545	418,184	8,836,419	3,723,175

	2011-2015	97.4%	97.5%	95.5%	95.1%	97.5%
		355,358	370,156	408,978	8,703,686	3,681,646
1.01 to 1.50 occupants per room	2015-2019	1.5%	1.7%	2.9%	3.4%	1.6%
		6,020	6,943	13,662	331,366	64,600
	2014-2018	1.7%	1.6%	2.9%	3.5%	1.6%
		6,462	6,588	13,165	330,855	63,647
	2013-2017	1.9%	1.7%	3.0%	3.5%	1.7%
		7,412	6,862	13,291	332,093	64,808
	2012-2016	1.9%	1.8%	3.0%	3.5%	1.7%
		7,207	6,974	13,050	327,275	65,752
2011-2015	2.0%	1.9%	3.0%	3.5%	1.8%	
	7,282	7,162	12,778	320,662	68,235	
1.51 or more occupants per room	2015-2019	0.5%	0.6%	1.5%	1.3%	0.7%
		2,148	2,538	6,885	130,027	26,967
	2014-2018	0.5%	0.6%	1.5%	1.3%	0.7%
		1,967	2,482	6,823	126,330	27,018
	2013-2017	0.6%	0.6%	1.5%	1.3%	0.7%
		2,146	2,389	6,519	126,395	26,763
	2012-2016	0.6%	0.6%	1.5%	1.4%	0.7%
		2,239	2,285	6,597	125,860	26,465
	2011-2015	0.6%	0.6%	1.5%	1.4%	0.7%
		2,029	2,468	6,464	124,848	25,700

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04

Housing Trend

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
Occupied housing units	2015-2019	92.7%	92.3%	91.8%	88.6%	85.7%
		400,172	411,097	472,361	9,691,647	3,965,482
	2014-2018	92.7%	92.6%	91.6%	88.7%	85.7%
		390,498	403,546	458,484	9,553,046	3,918,597
	2013-2017	92.8%	92.6%	91.8%	88.9%	85.7%
		381,971	395,503	447,561	9,430,419	3,874,346
	2012-2016	93.0%	92.2%	92.2%	89.0%	85.7%
		373,245	386,804	437,831	9,289,554	3,815,392
	2011-2015	92.8%	92.0%	92.2%	88.8%	85.5%
		364,669	379,786	428,220	9,149,196	3,775,581
Owner-occupied units	2015-2019	63.9%	56.4%	52.4%	62.0%	65.2%
		255,708	231,784	247,351	6,004,802	2,585,934
	2014-2018	63.9%	56.5%	52.2%	61.9%	65.0%
		249,558	227,899	239,208	5,917,771	2,548,705
	2013-2017	64.1%	56.7%	52.3%	62.0%	65.0%

		244,792	224,217	234,225	5,851,046	2,517,896
	2012-2016	63.4%	56.9%	52.0%	61.9%	64.8%
		236,794	220,137	227,590	5,747,458	2,471,723
	2011-2015	64.2%	57.5%	51.7%	62.2%	65.1%
		234,084	218,311	221,425	5,693,770	2,459,072
Renter-occupied units	2015-2019	36.1%	43.6%	47.6%	38.0%	34.8%
		144,464	179,313	225,010	3,686,845	1,379,548
	2014-2018	36.1%	43.5%	47.8%	38.1%	35.0%
		140,940	175,647	219,276	3,635,275	1,369,892
	2013-2017	35.9%	43.3%	47.7%	38.0%	35.0%
		137,179	171,286	213,336	3,579,373	1,356,450
	2012-2016	36.6%	43.1%	48.0%	38.1%	35.2%
		136,451	166,667	210,241	3,542,096	1,343,669
	2011-2015	35.8%	42.5%	48.3%	37.8%	34.9%
		130,585	161,475	206,795	3,455,426	1,316,509
Vacant housing units	2015-2019	7.3%	7.7%	8.2%	11.4%	14.3%
		31,380	34,190	42,049	1,245,379	661,607
	2014-2018	7.3%	7.4%	8.4%	11.3%	14.3%
		30,928	32,249	41,940	1,216,854	654,469
	2013-2017	7.2%	7.4%	8.2%	11.1%	14.3%
		29,661	31,789	39,958	1,180,967	647,351
	2012-2016	7.0%	7.8%	7.8%	11.0%	14.3%
		27,933	32,521	36,918	1,152,089	638,375
	2011-2015	7.2%	8.0%	7.8%	11.2%	14.5%
		28,144	32,812	35,977	1,156,411	641,629

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04

Homelessness by Race: Count and Rate per 10,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina
People Experiencing Homeless Point-in-Time by Race and Ethnicity	American Indian and Alaskan Native	2016	Count	7	13	145
			Rate	7.14	12.01	8.88
		2017	Count	12	18	190
			Rate	11.93	15.62	11.46
		2018	Count	12	14	122
			Rate	11.68	11.49	7.24
	2019	Count	8	8	94	
		Rate	7.65	6.20	5.48	
	2020	Count	11	8	93	
		Rate	10.36	5.89	5.34	
	Asian or Pacific Islander	2016	Count	1	4	46
			Rate	0.13	0.63	1.48
2017		Count	9	9	54	
		Rate	1.07	1.35	1.66	

		2018	Count	14	14	72	
			Rate	1.57	2.01	2.12	
		2019	Count	7	13	50	
			Rate	0.74	1.79	1.41	
		2020	Count	10	4	50	
			Rate	1.00	0.53	1.35	
	Black or African American	2016	Count	604	1,415	5,072	
			Rate	28.70	42.86	23.38	
		2017	Count	583	1,137	4,553	
			Rate	27.37	33.92	20.87	
		2018	Count	654	1,311	4,801	
			Rate	30.45	38.76	21.88	
		2019	Count	623	1,402	4,832	
			Rate	28.80	41.08	21.91	
		2020	Count	659	1,260	4,757	
			Rate	30.30	36.76	21.52	
		Hispanic or Latino	2016	Count	54	60	432
				Rate	4.70	3.99	4.29
	2017		Count	62	60	518	
			Rate	5.22	3.85	5.00	
	2018		Count	41	77	477	
			Rate	3.35	4.79	4.48	
	2019		Count	44	67	411	
			Rate	3.50	4.04	3.75	
2020	Count		72	44	460		
	Rate		5.59	2.58	4.10		
Some other race or Multiracial	2016	Count	26	48	322		
		Rate	7.59	14.78	10.50		
	2017	Count	56	50	420		
		Rate	15.25	14.48	12.79		
	2018	Count	33	37	302		
		Rate	8.45	10.17	8.61		
	2019	Count	43	33	346		
		Rate	10.39	8.64	9.28		
	2020	Count	35	63	320		
		Rate	8.02	15.84	8.11		
White	2016	Count	180	338	3,974		
		Rate	2.52	5.45	5.57		
	2017	Count	224	262	3,745		
		Rate	3.08	4.17	5.22		
	2018	Count	270	292	3,971		
		Rate	3.65	4.60	5.49		
	2019	Count	289	286	3,992		
		Rate	3.84	4.45	5.49		
	2020	Count	259	269	4,060		
		Rate	3.39	4.16	5.56		

People Experiencing Homelessness Point-in-Time Trend	All Race/Ethnicity	2016	Count	818	1,818	9,559
			Rate	7.82	17.20	9.48
		2017	Count	884	1,476	8,962
			Rate	8.25	13.71	8.80
		2018	Count	983	1,668	9,268
			Rate	8.99	15.29	9.01
		2019	Count			9,314
			Rate			8.97
		2020	Count	974	1,604	9,280
			Rate	8.58	14.34	8.87

NC Coalition to End Homelessness Point-in-Time Count Data and the US Department of Housing and Urban Development PIT and HIC Data. North Carolina Office of State Budget and Management for population denominators

Household Composition

Indicator	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
Average Persons per Household	2015-2019	3	3	3	3	3
	2014-2018	3	3	3	3	3
	2013-2017	3	3	3	3	3
	2012-2016	3	3	3	3	3
	2011-2015	3	3	3	3	3
Total Households	2015-2019	400,172	411,097	472,361	9,691,647	3,965,482
	2014-2018	390,498	403,546	458,484	9,553,046	3,918,597
	2013-2017	381,971	395,503	447,561	9,430,419	3,874,346
	2012-2016	373,245	386,804	437,831	9,289,554	3,815,392
	2011-2015	364,669	379,786	428,220	9,149,196	3,775,581

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101

Householders Living Alone

Indicator	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
Householder Living Alone	2011-2015	26.2%	30.0%	30.8%	25.0%	28.1%
	2012-2016	26.0%	30.2%	31.2%	25.1%	28.2%
	2013-2017	25.9%	30.4%	31.1%	24.9%	28.3%
	2014-2018	25.8%	30.5%	31.3%	25.1%	28.4%
	2015-2019	25.6%	31.2%	31.2%	25.2%	28.5%
Householders Age 65+ Living Alone	2011-2015	6.4%	6.9%	5.5%	7.8%	10.0%
	2012-2016	6.8%	7.2%	5.9%	8.0%	10.3%
	2013-2017	6.9%	7.4%	6.2%	8.1%	10.4%
	2014-2018	7.1%	7.5%	6.3%	8.2%	10.6%
	2015-2019	7.3%	7.6%	6.4%	8.3%	10.8%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101

Community Cohesion & Safety

Voter Turnout November 2020

	Year	Wake	Mecklenburg	North Carolina
Age < 18 Or Invalid Birth Dates	2020	0.0%	0.0%	0.0%
		1	1	6
	2018			0.0%
				2
	2016			0.0%
				1
	2008	0.0%		0.0%
		1		13
Age 18-25	2021	3.8%	2.7%	3.1%
		1,562	546	10,516
	2020	12.5%	11.9%	10.6%
		79,147	67,923	587,340
	2019	3.0%	2.8%	3.2%
		694	3,436	16,026
	2018	8.4%	7.6%	6.8%
		36,913	28,890	253,729
	2017	3.1%	2.8%	3.2%
		2,463	4,126	19,343
	2016	10.9%	10.3%	9.6%
		57,945	49,025	459,718
	2012	11.8%	11.0%	10.3%
		57,512	49,931	468,789
	2008	12.0%	11.5%	10.8%
		53,041	47,632	467,229
Age 26-40	2021	17.9%	11.0%	12.2%
		7,341	2,204	41,081
	2020	25.8%	28.4%	21.5%
		163,376	161,549	1,194,333
	2019	17.3%	16.3%	13.1%
		4,005	20,140	64,874
	2018	23.5%	25.1%	18.2%
		103,210	94,756	683,948
	2017	20.1%	18.8%	15.3%
		15,950	27,941	91,914
	2016	25.9%	27.7%	21.2%
		137,768	131,565	1,012,711
2012	27.0%	28.5%	21.7%	
	131,578	128,863	984,965	
2008	30.6%	31.8%	24.4%	

		135,732	131,773	1,058,336
Age 41-65	2021	53.7%	51.2%	44.7%
		21,949	10,269	150,404
	2020	44.9%	43.1%	44.2%
		284,927	245,639	2,447,884
	2019	52.6%	50.9%	46.2%
		12,131	62,993	228,862
	2018	49.5%	48.4%	48.2%
		217,567	183,110	1,810,581
	2017	51.0%	52.6%	48.0%
		40,493	78,074	288,474
	2016	47.9%	46.5%	47.0%
		254,310	220,927	2,242,958
2012	48.4%	47.2%	48.5%	
	236,402	213,426	2,197,524	
2008	46.7%	45.3%	47.7%	
	207,262	188,003	2,071,061	
Age Over 66	2021	24.6%	35.0%	40.0%
		10,047	7,022	134,528
	2020	16.9%	16.5%	23.7%
		106,952	94,175	1,314,455
	2019	27.1%	30.1%	37.4%
		6,254	37,206	185,351
	2018	18.6%	18.9%	26.8%
		81,470	71,310	1,005,842
	2017	25.8%	25.8%	33.4%
		20,519	38,327	200,646
	2016	15.3%	15.6%	22.1%
		81,225	74,076	1,052,691
2012	12.8%	13.3%	19.4%	
	62,464	60,236	881,216	
2008	10.7%	11.5%	17.1%	
	47,398	47,538	741,147	
Hispanic or Latino	2021	1.8%	1.3%	1.1%
		743	251	3,591
	2020	3.1%	4.0%	2.4%
		19,399	22,946	134,568
	2019	1.5%	1.7%	1.1%
		354	2,043	5,612
	2018	2.5%	3.2%	1.8%
		10,876	12,179	68,949
2017	1.2%	1.4%	1.0%	
	985	2,039	5,984	
2016	2.7%	3.5%	2.0%	

		14,228	16,576	96,452
	2012	1.9%	2.4%	1.4%
		9,194	10,990	61,464
	2008	1.4%	1.7%	1.0%
		6,128	6,850	42,238
Not Hispanic Latino	2021	74.7%	82.9%	79.6%
		30,553	16,620	268,003
	2020	67.6%	71.2%	72.1%
		428,547	405,243	3,995,811
	2019	77.5%	85.6%	83.4%
		17,899	105,908	412,905
	2018	74.7%	80.8%	80.1%
		327,883	305,323	3,008,409
	2017	79.7%	86.6%	84.8%
		63,333	128,629	509,237
	2016	73.0%	79.4%	79.3%
		388,035	377,474	3,781,375
	2012	74.0%	79.8%	80.8%
		361,195	360,876	3,662,857
2008	77.8%	78.1%	82.2%	
	344,894	323,957	3,565,733	
Undesignated	2021	23.5%	15.8%	19.3%
		9,603	3,170	64,935
	2020	29.4%	24.8%	25.5%
		186,457	141,098	1,413,639
	2019	20.9%	12.8%	15.5%
		4,831	15,824	76,596
	2018	22.9%	16.0%	18.0%
		100,401	60,564	676,744
	2017	19.0%	12.0%	14.2%
		15,107	17,800	85,156
	2016	24.3%	17.1%	18.7%
		128,985	81,543	890,252
	2012	24.1%	17.8%	17.8%
		117,567	80,590	808,173
2008	20.8%	20.3%	16.8%	
	92,412	84,139	729,815	
Two or More Races	2021	0.4%	0.3%	0.3%
		177	58	1,169
	2020	0.7%	0.7%	0.5%
		4,609	4,007	28,449
	2019	0.5%	0.4%	0.4%
		112	520	1,847
2018	0.7%	0.7%	0.5%	

		3,182	2,720	18,759
	2017	0.5%	0.5%	0.4%
		415	692	2,535
	2016	0.8%	0.8%	0.6%
		4,306	3,832	27,026
	2012	0.7%	0.7%	0.5%
		3,205	3,032	22,141
	2008	0.5%	0.5%	0.4%
		2,310	2,153	17,185
Asian	2021	3.0%	0.7%	1.0%
		1,238	136	3,396
	2020	3.5%	2.4%	1.4%
		22,255	13,921	75,060
	2019	3.5%	1.0%	0.9%
		811	1,197	4,340
	2018	2.9%	1.8%	1.1%
		12,540	6,924	40,982
	2017	1.6%	1.0%	0.8%
		1,276	1,436	4,889
	2016	2.8%	1.8%	1.1%
		14,950	8,793	51,516
	2012	1.9%	1.3%	0.8%
		9,450	5,985	35,212
2008	1.5%	1.0%	0.6%	
		6,833	4,272	26,571
American Indian or Alaska Native	2021	0.2%	0.1%	0.2%
		82	22	724
	2020	0.2%	0.2%	0.6%
		1,419	1,389	35,221
	2019	0.2%	0.1%	0.3%
		49	183	1,529
	2018	0.2%	0.2%	0.6%
		972	863	21,977
	2017	0.2%	0.2%	0.3%
		136	234	1,718
	2016	0.2%	0.2%	0.6%
		1,202	1,155	29,090
	2012	0.2%	0.2%	0.6%
		1,019	1,073	27,189
2008	0.2%	0.2%	0.6%	
		864	896	25,060
Black or African American	2021	12.4%	9.8%	16.4%
		5,062	1,965	55,284
	2020	16.4%	28.6%	18.7%

		104,262	163,077	1,038,375
	2019	15.3%	28.4%	24.9%
		3,538	35,204	123,133
	2018	17.5%	30.2%	20.1%
		76,892	114,000	753,229
	2017	23.9%	29.5%	25.6%
		18,990	43,758	153,922
	2016	18.1%	31.1%	20.7%
		96,385	147,732	987,538
	2012	20.3%	33.5%	23.1%
		98,926	151,697	1,045,252
	2008	20.2%	31.6%	22.2%
		89,611	131,238	963,530
Other	2021	2.4%	1.3%	1.2%
		983	265	4,033
	2020	3.4%	3.5%	2.1%
		21,779	19,921	119,125
	2019	2.3%	1.7%	1.3%
		532	2,090	6,301
	2018	3.1%	3.0%	1.8%
		13,541	11,426	68,287
	2017	1.8%	1.6%	1.3%
		1,468	2,346	7,616
	2016	3.1%	3.2%	1.9%
		16,637	15,092	90,961
	2012	2.5%	2.4%	1.5%
		11,957	10,852	66,165
2008	2.3%	2.0%	1.3%	
	10,230	8,130	54,772	
Pacific Islander	2021			0.0%
				7
	2020	0.0%	0.0%	0.0%
	30	29	356	
Undesignated	2021	4.9%	3.3%	3.7%
		2,001	661	12,483
	2020	12.5%	10.7%	9.9%
		79,451	61,190	548,968
	2019	3.8%	2.9%	2.9%
		887	3,602	14,462
	2018	5.9%	3.9%	3.4%
		26,042	14,856	127,036
2017	3.1%	2.1%	2.0%	
	2,461	3,115	11,937	
2016	5.5%	3.6%	3.1%	

		29,472	17,082	148,821
	2012	4.7%	3.0%	2.1%
		22,984	13,589	97,406
	2008	2.2%	3.6%	1.7%
		9,870	14,881	72,321
White	2021	76.7%	84.5%	77.1%
		31,356	16,934	259,433
	2020	63.1%	53.7%	66.7%
		400,598	305,753	3,698,464
	2019	74.3%	65.4%	69.4%
		17,155	80,979	343,501
	2018	69.7%	60.1%	72.6%
		305,991	227,277	2,723,832
	2017	68.8%	65.3%	69.6%
		54,679	96,887	417,760
	2016	69.3%	59.3%	72.0%
		368,296	281,907	3,433,127
	2012	69.8%	58.8%	71.5%
		340,415	266,228	3,239,129
	2008	73.0%	61.1%	73.3%
		323,716	253,376	3,178,347
Female	2021	50.8%	52.3%	53.0%
		20,795	10,473	178,382
	2020	48.6%	51.2%	50.4%
		308,510	291,421	2,796,056
	2019	53.3%	55.3%	54.9%
		12,312	68,402	271,680
	2018	52.4%	55.1%	53.6%
		230,270	208,293	2,011,311
	2017	54.8%	55.3%	55.1%
		43,550	82,065	330,873
	2016	52.9%	55.6%	54.4%
		280,844	264,601	2,592,124
	2012	53.9%	55.7%	54.8%
		262,956	251,830	2,484,196
	2008	54.3%	55.2%	55.0%
		240,966	229,091	2,384,521
Male	2021	45.2%	45.3%	43.9%
		18,489	9,082	147,693
	2020	40.9%	40.3%	41.4%
		259,307	229,599	2,293,078
	2019	43.8%	43.1%	43.1%
		10,121	53,293	213,287
	2018	43.9%	42.6%	44.2%

		192,886	161,070	1,658,001
	2017	43.5%	43.7%	43.7%
		34,522	64,819	262,481
	2016	43.6%	42.5%	43.6%
		231,479	201,960	2,077,205
	2012	44.8%	43.0%	44.1%
		218,595	194,552	1,999,194
	2008	45.1%	42.9%	44.2%
		200,085	178,017	1,915,846
Undesignated	2021	3.9%	2.4%	3.1%
		1,615	486	10,454
	2020	10.5%	8.5%	8.2%
		66,586	48,267	454,878
	2019	2.8%	1.7%	2.0%
		651	2,080	10,146
	2018	3.6%	2.3%	2.3%
		16,004	8,703	84,777
	2017	1.7%	1.1%	1.2%
		1,353	1,584	7,022
	2016	3.6%	1.9%	2.1%
		18,925	9,032	98,742
	2012	1.3%	1.3%	1.1%
		6,405	6,074	49,104
2008	0.5%	1.9%	0.9%	
		2,383	7,838	37,411
All Race/Ethnicity	2021	100.0%	100.0%	100.0%
		40,899	20,041	336,529
	2020	100.0%	100.0%	100.0%
		634,403	569,287	5,544,018
	2019	100.0%	100.0%	100.0%
		23,084	123,775	495,113
	2018	100.0%	100.0%	100.0%
		439,160	378,066	3,754,102
	2017	100.0%	100.0%	100.0%
		79,425	148,468	600,377
	2016	100.0%	100.0%	100.0%
		531,248	475,593	4,768,079
	2012	100.0%	100.0%	100.0%
		487,956	452,456	4,532,494
2008	100.0%	100.0%	100.0%	
		443,434	414,946	4,337,786

North Carolina State Board of Elections, Historical Voter History Stats. Downloaded December 2021

Registered Voters, Count

	Year	Wake	Mecklenburg	North Carolina
All Race/Ethnicity	2021	785,746	775,222	7,165,214
	2020	795,972	793,838	7,378,587
	2019	734,655	726,253	6,777,657
	2018	741,346	743,438	7,095,102
	2017	708,933	705,991	6,812,592
	2016	705,787	711,186	6,924,296
	2012	655,078	678,771	6,655,302
	2008	562,734	627,022	6,080,103

North Carolina State Board of Elections. Historical Registered Voter Stats. Downloaded December 2021.

Registered Voters by Age

	Year	Wake	Mecklenburg	North Carolina
Age < 18 Or Invalid Birth Dates	2020	0.0%		0.0%
		1		1
	2019			0.0%
				22
	2012	0.0%	0.0%	0.0%
		12	21	151
2008			0.0%	
			92	
Age 18-25	2021	14.1%	13.5%	13.2%
		110,945	104,942	946,058
	2020	14.2%	13.8%	13.3%
		112,855	109,418	980,240
	2019	13.6%	13.2%	12.8%
		99,658	95,952	866,908
	2018	13.2%	12.7%	12.2%
		97,864	94,311	863,931
	2017	13.1%	12.6%	12.0%
		92,639	88,714	819,923
	2016	13.8%	13.3%	12.5%
		97,459	94,356	868,779
2012	13.6%	12.6%	12.7%	
	89,300	85,321	847,669	
2008	13.4%	11.7%	12.0%	
	75,165	73,215	730,701	
Age 26-40	2021	28.1%	31.5%	24.4%
		221,097	244,361	1,747,088

	2020	28.6%	31.8%	25.0%
		227,877	252,177	1,846,508
	2019	28.1%	31.0%	24.3%
		206,305	225,067	1,649,792
	2018	28.6%	31.0%	25.0%
		212,274	230,164	1,772,120
	2017	28.5%	30.7%	24.7%
		202,000	216,526	1,685,449
	2016	28.6%	30.9%	25.0%
		202,084	219,773	1,731,904
	2012	30.2%	31.6%	25.5%
		197,510	214,701	1,696,812
2008	32.2%	34.2%	26.9%	
	181,111	214,170	1,637,772	
Age 41-65	2021	41.7%	39.6%	40.4%
		327,538	306,826	2,898,134
	2020	41.8%	39.7%	40.5%
		332,465	314,895	2,989,040
	2019	43.0%	40.9%	41.5%
		316,031	296,983	2,813,777
	2018	43.4%	41.6%	42.1%
		321,829	309,635	2,987,675
	2017	44.1%	42.3%	42.8%
		312,303	298,634	2,916,159
	2016	43.8%	42.0%	42.9%
		309,350	299,046	2,967,524
2012	44.7%	43.6%	44.3%	
	292,904	295,845	2,950,462	
2008	43.8%	42.7%	44.3%	
	246,437	267,922	2,691,246	
Age Over 66	2021	16.1%	15.4%	22.0%
		126,166	119,093	1,573,934
	2020	15.4%	14.8%	21.2%
		122,774	117,348	1,562,798
	2019	15.3%	14.9%	21.4%
		112,661	108,251	1,447,158
	2018	14.8%	14.7%	20.7%
		109,379	109,328	1,471,376
	2017	14.4%	14.5%	20.4%
		101,991	102,117	1,391,061
	2016	13.7%	13.8%	19.6%

		96,894	98,011	1,356,089
	2012	11.5%	12.2%	17.4%
		75,352	82,883	1,160,208
	2008	10.7%	11.4%	16.8%
		60,021	71,715	1,020,292

North Carolina State Board of Elections. Historical Registered Voter Stats. Downloaded December 2021.

Registered Voters by Ethnicity

	Year	Wake	Mecklenburg	North Carolina
Hispanic or Latino	2021	3.9%	5.1%	3.3%
		30,402	39,186	235,085
	2020	3.6%	4.7%	3.1%
		29,000	37,435	228,233
	2019	3.6%	4.6%	3.0%
		26,566	33,513	202,721
	2018	3.4%	4.3%	2.8%
		25,315	32,139	197,115
	2017	3.2%	4.0%	2.5%
		22,715	28,365	173,551
2016	3.1%	3.8%	2.4%	
	21,536	27,306	167,111	
2012	2.3%	2.8%	1.7%	
	14,949	18,700	113,958	
2008	1.6%	1.7%	1.1%	
	8,777	10,497	63,985	
Not Hispanic Latino	2021	67.7%	70.5%	71.6%
		531,902	546,826	5,131,188
	2020	66.1%	69.9%	70.8%
		525,757	554,778	5,221,764
	2019	70.5%	75.1%	75.7%
		518,139	545,428	5,129,962
	2018	71.2%	77.1%	77.3%
		527,989	573,037	5,483,524
	2017	71.6%	77.7%	78.0%
		507,332	548,485	5,314,830
2016	70.9%	77.2%	77.9%	
	500,376	549,083	5,391,230	
2012	73.2%	78.9%	80.1%	
	479,221	535,246	5,328,580	
2008	78.2%	80.4%	83.3%	

		440,080	504,410	5,066,657
Undesignated	2021	28.4%	24.4%	25.1%
		223,442	189,210	1,798,941
	2020	30.3%	25.4%	26.1%
		241,215	201,625	1,928,590
	2019	25.9%	20.3%	21.3%
		189,950	147,312	1,444,974
	2018	25.4%	18.6%	19.9%
		188,042	138,262	1,414,463
	2017	25.2%	18.3%	19.4%
		178,886	129,141	1,324,211
	2016	26.1%	19.0%	19.7%
		183,875	134,797	1,365,955
	2012	24.6%	18.4%	18.2%
		160,908	124,825	1,212,764
	2008	20.2%	17.9%	15.6%
		113,877	112,115	949,461

North Carolina State Board of Elections. Historical Registered Voter Stats. Downloaded December 2021.

Registered Voters by Race

	Year	Wake	Mecklenburg	North Carolina
Two or More Races	2021	0.8%	0.8%	0.6%
		6,415	6,214	43,397
	2020	0.8%	0.8%	0.6%
		6,720	6,625	47,208
	2019	0.9%	0.9%	0.6%
		6,444	6,222	43,784
	2018	0.9%	0.9%	0.7%
		6,920	6,776	48,573
	2017	0.9%	0.9%	0.7%
		6,614	6,397	45,625
	2016	0.9%	0.9%	0.7%
		6,593	6,685	47,560
2012	0.7%	0.7%	0.6%	
	4,880	4,947	37,634	
2008	0.6%	0.5%	0.4%	
	3,152	3,100	24,576	
Asian	2021	3.7%	2.6%	1.5%
		28,951	19,874	106,918
	2020	3.4%	2.4%	1.4%

		27,444	19,337	104,516
	2019	3.4%	2.3%	1.4%
		24,982	16,973	93,736
	2018	3.2%	2.2%	1.3%
		23,710	16,501	92,945
	2017	3.0%	2.1%	1.2%
		21,462	14,720	83,603
	2016	2.8%	2.0%	1.2%
		20,088	14,087	81,210
	2012	2.1%	1.5%	0.9%
		13,987	10,313	59,771
	2008	1.6%	1.1%	0.7%
		9,231	6,732	40,021
American Indian or Alaska Native	2021	0.2%	0.3%	0.7%
		1,962	2,100	52,875
	2020	0.2%	0.3%	0.8%
		1,894	2,121	56,152
	2019	0.3%	0.3%	0.8%
		1,862	1,985	52,537
	2018	0.3%	0.3%	0.8%
		1,890	2,125	58,287
	2017	0.3%	0.3%	0.8%
		1,799	2,023	55,861
	2016	0.3%	0.3%	0.8%
		1,781	2,038	56,661
	2012	0.2%	0.3%	0.8%
		1,572	1,922	53,510
2008	0.2%	0.3%	0.8%	
		1,202	1,715	46,714
Black African American	2021	18.4%	31.0%	20.4%
		144,196	240,355	1,465,107
	2020	18.2%	30.9%	20.6%
		144,474	245,266	1,520,368
	2019	19.2%	32.3%	21.6%
		141,176	234,394	1,466,733
	2018	19.6%	32.4%	22.0%
		144,973	241,042	1,557,970
	2017	19.9%	32.7%	22.1%
		140,729	230,889	1,506,415
	2016	20.0%	32.9%	22.2%
		141,148	233,833	1,536,677

	2012	20.6%	32.0%	22.4%
		134,651	217,466	1,493,969
	2008	20.3%	29.8%	21.7%
		114,141	186,990	1,318,670
Other	2021	4.1%	4.4%	2.8%
		31,851	33,969	199,576
	2020	3.9%	4.1%	2.7%
		31,014	32,729	199,326
	2019	4.1%	4.3%	2.8%
		29,966	31,071	188,086
	2018	4.0%	4.3%	2.7%
		29,768	31,690	194,576
	2017	3.8%	4.0%	2.6%
		27,047	28,425	174,515
	2016	3.6%	3.8%	2.4%
		25,095	26,878	166,529
2012	3.0%	3.0%	1.9%	
	19,403	20,377	129,020	
2008	2.7%	2.4%	1.6%	
	15,033	15,177	95,982	
Pacific Islander	2021	0.0%	0.0%	0.0%
		37	39	459
	2020	0.0%	0.0%	0.0%
		27	35	381
Undesignated	2021	10.8%	9.1%	8.5%
		85,150	70,738	608,666
	2020	13.0%	10.8%	10.1%
		103,320	85,498	746,356
	2019	7.8%	6.2%	5.4%
		57,544	45,055	368,298
	2018	6.8%	4.8%	4.0%
		50,163	35,742	286,735
	2017	5.9%	4.0%	3.4%
		41,674	28,402	228,925
	2016	6.3%	4.0%	3.4%
		44,286	28,709	233,217
2012	4.5%	3.3%	2.2%	
	29,621	22,603	149,440	
2008	2.1%	3.1%	1.3%	
	11,756	19,673	80,945	
White	2021	62.0%	51.8%	65.4%

		487,184	401,933	4,688,215	
	2020	60.4%	50.7%	63.8%	
		481,079	402,227	4,704,278	
	2019	64.3%	53.8%	67.3%	
		472,681	390,553	4,564,481	
	2018	65.3%	55.1%	68.4%	
		483,922	409,562	4,856,014	
	2017	66.2%	56.0%	69.2%	
		469,608	395,135	4,717,646	
	2016	66.1%	56.1%	69.4%	
		466,796	398,956	4,802,439	
	2012	68.8%	59.1%	71.1%	
		450,964	401,143	4,731,958	
	2008	72.5%	62.8%	73.6%	
		408,219	393,635	4,473,195	
Female	2021	48.6%	50.7%	50.3%	
		381,622	392,874	3,605,831	
	2020	47.5%	50.0%	49.6%	
		378,466	396,555	3,657,630	
	2019	50.4%	52.5%	52.2%	
		370,425	381,437	3,535,213	
	2018	50.9%	53.0%	52.6%	
		377,252	393,717	3,730,490	
	2017	51.3%	53.4%	52.9%	
		363,538	377,110	3,605,856	
	2016	51.1%	53.5%	53.0%	
		360,822	380,390	3,666,664	
	2012	52.7%	54.0%	53.7%	
		345,354	366,273	3,575,713	
	2008	53.3%	53.9%	54.2%	
		299,886	338,161	3,293,702	
	Male	2021	42.4%	42.4%	42.7%
			332,836	328,469	3,062,189
2020		41.5%	41.8%	42.1%	
		330,525	331,530	3,109,587	
2019		43.8%	43.5%	43.9%	
		322,026	315,991	2,976,195	
2018		44.5%	44.1%	44.6%	
		329,778	327,797	3,164,284	
2017		44.8%	44.3%	44.8%	
		317,370	312,860	3,052,033	

	2016	44.6%	44.3%	44.8%
		315,133	314,817	3,099,304
	2012	46.0%	44.4%	45.1%
		301,156	301,710	3,003,393
	2008	46.2%	44.5%	45.1%
		260,029	278,770	2,742,241
Undesignated	2021	9.1%	7.0%	6.9%
		71,288	53,879	497,194
	2020	10.9%	8.3%	8.3%
		86,981	65,753	611,370
	2019	5.7%	4.0%	3.9%
		42,204	28,825	266,249
	2018	4.6%	2.9%	2.8%
		34,316	21,924	200,328
	2017	4.0%	2.3%	2.3%
		28,025	16,021	154,703
	2016	4.2%	2.2%	2.3%
		29,832	15,979	158,328
	2012	1.3%	1.6%	1.1%
		8,568	10,788	76,196
2008	0.5%	1.6%	0.7%	
	2,819	10,091	44,160	

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Registered Voters by Sex

	Year	Wake	Mecklenburg	North Carolina
Female	2021	48.6%	50.7%	50.3%
		381,622	392,874	3,605,831
	2020	47.5%	50.0%	49.6%
		378,466	396,555	3,657,630
	2019	50.4%	52.5%	52.2%
		370,425	381,437	3,535,213
	2018	50.9%	53.0%	52.6%
		377,252	393,717	3,730,490
	2017	51.3%	53.4%	52.9%
		363,538	377,110	3,605,856
	2016	51.1%	53.5%	53.0%
		360,822	380,390	3,666,664
	2012	52.7%	54.0%	53.7%
		345,354	366,273	3,575,713

	2008	53.3%	53.9%	54.2%
		299,886	338,161	3,293,702
Male	2021	42.4%	42.4%	42.7%
		332,836	328,469	3,062,189
	2020	41.5%	41.8%	42.1%
		330,525	331,530	3,109,587
	2019	43.8%	43.5%	43.9%
		322,026	315,991	2,976,195
	2018	44.5%	44.1%	44.6%
		329,778	327,797	3,164,284
	2017	44.8%	44.3%	44.8%
		317,370	312,860	3,052,033
	2016	44.6%	44.3%	44.8%
		315,133	314,817	3,099,304
2012	46.0%	44.4%	45.1%	
	301,156	301,710	3,003,393	
2008	46.2%	44.5%	45.1%	
	260,029	278,770	2,742,241	
Undesignated	2021	9.1%	7.0%	6.9%
		71,288	53,879	497,194
	2020	10.9%	8.3%	8.3%
		86,981	65,753	611,370
	2019	5.7%	4.0%	3.9%
		42,204	28,825	266,249
	2018	4.6%	2.9%	2.8%
		34,316	21,924	200,328
	2017	4.0%	2.3%	2.3%
		28,025	16,021	154,703
	2016	4.2%	2.2%	2.3%
		29,832	15,979	158,328
2012	1.3%	1.6%	1.1%	
	8,568	10,788	76,196	
2008	0.5%	1.6%	0.7%	
	2,819	10,091	44,160	

North Carolina State Board of Elections. Historical Registered Voter Stats. Downloaded December 2021.

Linguistic Isolation

Indicator		Year	Wake	Mecklenburg	Travis	Texas	North Carolina
Asian and Pacific	Limited English	2015-2019	0.6%	0.8%	0.8%	0.8%	0.4%
			2,563	3,114	3,923	73,917	14,008

Island languages	speaking household	2014-2018	0.6%	0.8%	0.8%	0.8%	0.4%
			2,497	3,391	3,695	72,932	14,290
		2013-2017	0.7%	0.8%	0.8%	0.7%	0.4%
			2,748	3,206	3,752	70,578	14,044
		2012-2016	0.7%	0.8%	0.8%	0.7%	0.4%
			2,773	3,089	3,471	68,970	13,658
	Not a Limited English speaking household	2015-2019	3.3%	2.4%	3.3%	2.5%	1.4%
			13,016	9,992	15,618	244,250	57,043
		2014-2018	3.1%	2.3%	3.3%	2.5%	1.4%
			12,084	9,162	15,220	235,389	53,933
2013-2017		3.0%	2.1%	3.3%	2.4%	1.3%	
		11,293	8,167	14,901	223,366	51,139	
2012-2016	2.8%	2.1%	3.3%	2.3%	1.3%		
10,333	8,262	14,262	212,317	48,751			
Indo-European languages	Limited English speaking household	2015-2019	0.3%	0.7%	0.3%	0.3%	0.2%
			1,324	2,939	1,601	28,689	9,418
		2014-2018	0.3%	0.7%	0.3%	0.3%	0.2%
			1,213	2,987	1,546	28,302	9,059
		2013-2017	0.3%	0.8%	0.3%	0.3%	0.2%
			1,179	3,070	1,427	29,095	8,684
	2012-2016	0.3%	0.7%	0.3%	0.3%	0.2%	
	1,297	2,747	1,416	28,617	8,603		
	Not a Limited English speaking household	2015-2019	4.5%	3.6%	3.6%	2.5%	2.1%
			17,819	14,896	17,181	245,954	82,497
2014-2018		4.3%	3.7%	3.6%	2.5%	2.0%	
		16,623	14,948	16,281	238,628	79,295	
2013-2017		4.1%	3.8%	3.5%	2.4%	2.0%	
		15,543	14,907	15,840	230,377	76,523	
2012-2016	3.9%	3.8%	3.4%	2.4%	2.0%		
14,699	14,719	15,002	225,266	75,872			
Other languages	Limited English speaking household	2015-2019	0.2%	0.2%	0.2%	0.2%	0.1%
			706	997	1,076	16,527	3,462
		2014-2018	0.2%	0.2%	0.2%	0.2%	0.1%
			841	943	913	15,915	3,650
		2013-2017	0.2%	0.2%	0.2%	0.2%	0.1%
			907	845	870	14,939	3,411
	2012-2016	0.2%	0.2%	0.2%	0.1%	0.1%	
	738	714	801	13,528	2,920		
Not a Limited English	2015-2019	1.2%	1.0%	0.9%	0.9%	0.5%	
		4,853	4,187	4,448	91,890	20,945	
		1.2%	1.0%	0.9%	0.9%	0.5%	

	speaking household	2014-2018	4,637	3,912	4,112	85,517	20,078
		2013-2017	1.2%	0.9%	0.8%	0.8%	0.5%
			4,503	3,750	3,421	76,661	18,552
		2012-2016	1.1%	1.0%	0.7%	0.8%	0.5%
Spanish	Limited English speaking household	2015-2019	1.5%	3.1%	4.6%	6.5%	1.6%
			5,866	12,638	21,809	630,078	63,679
		2014-2018	1.5%	3.1%	4.8%	6.7%	1.7%
			5,766	12,518	22,119	636,359	65,550
		2013-2017	1.6%	3.0%	4.9%	6.7%	1.8%
			6,147	12,045	22,140	629,225	67,960
	Not a Limited English speaking household	2012-2016	1.5%	3.0%	5.0%	6.7%	1.8%
			5,726	11,674	22,075	623,533	68,760
		2015-2019	6.1%	6.6%	17.4%	22.4%	5.2%
			24,439	27,049	82,365	2,170,745	207,706
		2014-2018	6.0%	6.6%	17.3%	22.2%	5.1%
			23,619	26,457	79,516	2,121,867	199,662
		2013-2017	5.9%	6.4%	17.3%	22.1%	4.9%
			22,608	25,494	77,631	2,080,754	191,337
		2012-2016	5.8%	6.3%	17.4%	22.0%	4.8%
			21,708	24,377	76,011	2,041,865	182,521

U.S. Census Bureau . American Community Survey, 5-Year Estimates: Table C16002

Social Vulnerability Index – State Percentile Rank

Indicator	Year	Wake	Mecklenburg
Overall percentile summary ranking	2016	0.18	0.32
	2018	0.15	0.31
Percentile ranking for household composition/disability theme summary	2016	0.10	0.17
	2018	0.08	0.14
Percentile ranking for housing type/transportation theme summary	2016	0.35	0.43
	2018	0.29	0.38
Percentile ranking for minority status/language theme summary	2016	0.84	0.99
	2018	0.83	0.95
Precentile ranking for socioeconomic theme summary	2016	0.00	0.07
	2018	0.00	0.10

Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index Database. https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html. Accessed January 2022

Incarcerated Rate

Year	Wake	Mecklenburg
2020	154.5	189.5
2019	188.9	220.6
2018	198.7	234.8
2017	214.6	256.1
2016	218.4	256.3
2015	225.4	274.1
2014	236.6	290.3
2013	235.2	299.5
2012	234.6	309.1
2011	252.9	325.8
2010	273.5	317.3
2009	268.8	294.5
2008	286.5	286.0
2007	281.5	266.9
2006	302.3	268.2
2005	295.7	275.3
2004	293.3	295.7
2003	268.8	297.1
2002	285.0	302.5
2001	279.2	300.3
2000	287.9	297.5

NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from Department of Public Safety, Research and Planning, Automated System Query, Prison Population, 2000 - present.

Domestic Violence Number of Clients Served, Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina
Domestic Violence Number of Clients Served Detail 2020-2021	Advocacy	FY 2021	Count	502	12,035	140,562
			Rate	43.42	1,061.75	1,334.21
	Counseling	FY 2021	Count	5,068	0	70,639
			Rate	438.30	0.00	670.50
	Court	FY 2021	Count	439	5,328	67,564
			Rate	37.97	470.05	641.32
	Days Every Shelter Bed Was Full	FY 2021	Count	355	132	8,150
			Rate	30.70	11.65	77.36

	Educational Services	FY 2021	Count	27	100	6,724
			Rate	2.34	8.82	63.82
	Financial Services	FY 2021	Count	31	460	26,066
			Rate	2.68	40.58	247.42
	Health Education	FY 2021	Count	0	360	9,451
			Rate	0.00	31.76	89.71
	Hospital	FY 2021	Count	0	0	805
			Rate	0.00	0.00	7.64
	Information	FY 2021	Count	3,309	24,857	254,995
			Rate	286.18	2,192.93	2,420.41
	Job Counseling	FY 2021	Count	16	110	5,896
			Rate	1.38	9.70	55.96
	Job Training/Placement	FY 2021	Count	253	0	2,741
			Rate	21.88	0.00	26.02
	Referral	FY 2021	Count	2,344	4,418	80,585
			Rate	202.72	389.76	764.91
	Total Clients	FY 2021	Count	5,739	3,056	67,847
			Rate	496.34	269.61	644.00
Domestic Violence Number of Clients Served Trends	FY 2015	Count	2,548	2,993	56,664	
		Rate	249.58	289.04	568.42	
	FY 2016	Count	2,759	2,150	48,601	
		Rate	263.60	203.40	482.13	
	FY 2017	Count	2,998	2,033	51,074	
		Rate	279.79	188.88	501.64	
	FY 2018	Count	3,486	2,165	52,316	
		Rate	318.78	198.40	508.70	
	FY 2019	Count	4,480	2,330	60,154	
		Rate	401.86	210.38	579.43	
	FY 2020	Count	2,163	2,114	59,239	
		Rate	190.60	189.06	566.52	
	FY 2021	Count	5,739	3,056	67,847	
		Rate	496.34	269.61	644.00	

NC Department of Administration, NC Council of Women and Youth Involvement. Rate denominators from North Carolina Office of State Budget and Management

Sexual Assault Number of Clients Served, Count and Rate per 100,000 population

Indicator	Year	Data Type	Wake	Mecklenburg	North Carolina
Sexual Assault Number of Clients Trends	FY 2015	Count	248	892	13,655
		Rate	24.29	86.14	136.98
	FY 2016	Count	Count	631	10,981
		Rate	Rate	59.70	108.93
	FY 2017	Count	Count	626	9,453
		Rate	Rate	58.16	92.84
	FY 2018	Count	Count	740	10,780
		Rate	Rate	67.81	104.82

			FY 2019	Count	Count	663	10,036
				Rate	Rate	59.86	96.67
			FY 2020	Count	Count	385	10,713
				Rate	Rate	34.43	102.45
			FY 2021	Count	Count	329	11,094
				Rate	Rate	29.03	105.30
Sexual Assault Number of Clients Served Detail 2020-2021	Adult Survivor of Child Sexual Abuse	Count	Count	42	11	1,985	
			Rate	3.63	0.97	18.84	
	Child Sex Offense	Count	Count	76	42	2,147	
			Rate	6.57	3.71	20.38	
	Human Trafficking	Count	Count	10	2	368	
			Rate	0.86	0.18	3.49	
	Incest	Count	Count	15	0	481	
			Rate	1.30	0.00	4.57	
	Other	Count	Count	146	34	1,967	
			Rate	12.63	3.00	18.67	
	Rape	Count	Count	429	244	4,753	
			Rate	37.10	21.53	45.12	
	Total	Count	Count	718	333	11,718	
			Rate	62.10	29.38	111.23	
Total Clients	Count	Count	815	329	11,094		
		Rate	70.49	29.03	105.30		

NC Department of Administration, NC Council of Women and Youth Involvement. Rate denominators from North Carolina Office of State Budget and Management

Index Crime Rates per 100,000 Residents

Indicator	Year	Wake	Mecklenburg	North Carolina
Murders, rapes, robberies, aggravated assaults, burglaries, larcenies, and motor vehicle thefts	2019	1,902	4,554	2,909
	2018	1,952	4,215	2,770
	2017	2,159	4,421	3,062
	2016	2,159	4,672	3,162
	2015	2,237	4,276	3,174
	2014	2,436	4,034	3,286
	2013	2,670	4,159	3,519
	2012	2,787	4,520	3,771
	2011	2,860	4,513	3,943
	2010	2,834	4,980	3,955
	2009	3,038	5,629	4,191
	2008	3,090	6,862	4,580

North Carolina State Bureau of Investigation, North Carolina Uniform Crime Reporting (UCR) Program

Property Crime Rate per 100,000 Residents

Indicator	Year	Wake	Mecklenburg	North Carolina
Burglary, larceny, and motor vehicle theft	2019	1,652	3,866	2,502
	2018	1,707	3,602	2,413

	2017	1,910	3,783	2,678
	2016	1,915	4,015	2,787
	2015	1,990	3,662	2,818
	2014	2,195	3,500	2,953
	2013	2,428	3,603	3,178
	2012	2,526	3,930	3,412
	2011	2,600	3,964	3,586
	2010	2,562	4,402	3,581
	2009	2,729	4,947	3,774
	2008	2,741	6,000	4,103

North Carolina State Bureau of Investigation, North Carolina Uniform Crime Reporting (UCR) Program

Violent Crime Rate per 100,000 Residents

Indicator	Year	Wake	Mecklenburg	North Carolina
Murder, rape, robbery, and aggravated assault	2019	250	688	408
	2018	244	612	358
	2017	250	639	384
	2016	244	658	375
	2015	247	614	356
	2014	241	534	333
	2013	242	556	340
	2012	261	590	359
	2011	260	549	357
	2010	273	578	374
	2009	309	682	417
	2008	349	863	477

North Carolina State Bureau of Investigation, North Carolina Uniform Crime Reporting (UCR) Program

Education & Lifelong Development

Drop-Out Trend, Count and Rate per 100 students

Year	Data Type	Wake	Mecklenburg	North Carolina
School Year 2015-2016	Count	819	1,050	10,889
	Rate	1.69	2.40	2.29
School Year 2016-2017	Count	1,394	980	11,097
	Rate	2.76	2.20	2.31
School Year 2017-2018	Count	841	1,035	10,523
	Rate	1.66	2.26	2.18
School Year 2018-2019	Count	762	1,068	9,512
	Rate	1.49	2.35	2.01
School Year 2019-2020	Count	607	958	7,194
	Rate	1.18	2.11	1.53

North Carolina Department of Public Instruction. Discipline, ALP and Dropout Annual Reports, 2019-20
Full Consolidated Data Report: Table D5

School Disciplinary Activity: Expulsions per 10 students

	Year	Wake	Mecklenburg	North Carolina
All Race/Ethnicity	School Year 2019-2020	0.0001	0.0006	0.0001
	School Year 2018-2019	0.0002	0.0006	0.0002
	School Year 2017-2018	0.0000	0.0006	0.0002
Economically Disadvantaged	School Year 2019-2020	0.0000	0.0000	0.0001
	School Year 2018-2019	0.0004	0.0006	0.0002
	School Year 2017-2018	0.0000	0.0008	0.0001
American Indian	School Year 2019-2020	0.0000	0.0000	0.0000
	School Year 2018-2019		0.0000	0.0000
	School Year 2017-2018	0.0000	0.0000	0.0000
Asian	School Year 2019-2020	0.0000	0.0000	0.0000
	School Year 2018-2019	0.0000	0.0000	0.0000
	School Year 2017-2018	0.0000	0.0000	0.0000
Black	School Year 2019-2020	0.0003	0.0002	0.0002
	School Year 2018-2019	0.0008	0.0016	0.0004
	School Year 2017-2018	0.0000	0.0011	0.0004
Hispanic	School Year 2019-2020	0.0000	0.0000	0.0001
	School Year 2018-2019	0.0000	0.0000	0.0001
	School Year 2017-2018	0.0000	0.0008	0.0002
Pacific Islander	School Year 2019-2020	0.0000	0.0000	0.0000
	School Year 2018-2019	0.0000	0.0000	0.0000
	School Year 2017-2018		0.0000	0.0000
Two or More Races	School Year 2019-2020	0.0000	0.0000	0.0000
	School Year 2018-2019		0.0000	0.0001
	School Year 2017-2018	0.0000	0.0000	0.0000
White	School Year 2019-2020	0.0000	0.0000	0.0001
	School Year 2018-2019	0.0000	0.0000	0.0001
	School Year 2017-2018	0.0000	0.0000	0.0001
Female	School Year 2019-2020	0.0000	0.0000	0.0000
	School Year 2018-2019	0.0000	0.0001	0.0000
	School Year 2017-2018	0.0000	0.0000	0.0000
Male	School Year 2019-2020	0.0001	0.0001	0.0001
	School Year 2018-2019	0.0004	0.0011	0.0003
	School Year 2017-2018	0.0000	0.0012	0.0003

North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 6/18/2021. <https://www.dpi.nc.gov/data-reports/school-report-cards/school-report-card-resources-researchers>

School Disciplinary Activity: Long-term Suspensions per 10 students

	Year	Wake	Mecklenburg	North Carolina
All Race/Ethnicity	School Year 2019-2020	0.0002	0.0012	0.0026
	School Year 2018-2019	0.0002	0.0014	0.0039
	School Year 2017-2018	0.0004	0.0007	0.0044
Economically Disadvantaged	School Year 2019-2020	0.0004	0.0016	0.0035
	School Year 2018-2019	0.0004	0.0023	0.0052
	School Year 2017-2018	0.0007	0.0006	0.0058
American Indian	School Year 2019-2020	0.0000	0.0000	0.0040
	School Year 2018-2019		0.0000	0.0039
	School Year 2017-2018	0.0000	0.0000	0.0075
Asian	School Year 2019-2020	0.0000	0.0000	0.0004
	School Year 2018-2019	0.0000	0.0000	0.0004
	School Year 2017-2018	0.0000	0.0000	0.0000
Black	School Year 2019-2020	0.0000	0.0030	0.0054
	School Year 2018-2019	0.0008	0.0029	0.0085
	School Year 2017-2018	0.0008	0.0014	0.0084
Hispanic	School Year 2019-2020	0.0010	0.0003	0.0017
	School Year 2018-2019	0.0000	0.0008	0.0018
	School Year 2017-2018	0.0004	0.0003	0.0026
Pacific Islander	School Year 2019-2020	0.0000	0.0000	0.0000
	School Year 2018-2019	0.0000	0.0000	0.0046
	School Year 2017-2018		0.0000	0.0000
Two or More Races	School Year 2019-2020	0.0000	0.0000	0.0027
	School Year 2018-2019		0.0025	0.0055
	School Year 2017-2018	0.0000	0.0000	0.0054
White	School Year 2019-2020	0.0000	0.0000	0.0016
	School Year 2018-2019	0.0000	0.0002	0.0021
	School Year 2017-2018	0.0003	0.0002	0.0031
Female	School Year 2019-2020	0.0000	0.0010	0.0014
	School Year 2018-2019	0.0000	0.0007	0.0018
	School Year 2017-2018	0.0000	0.0001	0.0018
Male	School Year 2019-2020	0.0004	0.0013	0.0038
	School Year 2018-2019	0.0004	0.0021	0.0057
	School Year 2017-2018	0.0007	0.0012	0.0068

North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 6/18/2021. <https://www.dpi.nc.gov/data-reports/school-report-cards/school-report-card-resources-researchers>

School Disciplinary Activity: Short-term suspensions per 10 Students

	Year	Wake	Mecklenburg	North Carolina
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All Race/Ethnicity	School Year 2019-2020	0.4245	0.9961	0.9797
	School Year 2018-2019	0.6233	1.2954	1.3375
	School Year 2017-2018	0.7444	1.3644	1.3886
Economically Disadvantaged	School Year 2019-2020	0.8470	1.5575	1.5946
	School Year 2018-2019	1.2613	2.0577	1.9605
	School Year 2017-2018	1.4450	2.1633	2.0886
American Indian	School Year 2019-2020	0.7125	1.0429	1.8915
	School Year 2018-2019		1.2195	2.1734
	School Year 2017-2018	1.1905	1.3675	2.4622
Asian	School Year 2019-2020	0.0506	0.1432	0.1126
	School Year 2018-2019	0.5882	0.1895	0.3118
	School Year 2017-2018	0.1102	0.2049	0.1795
Black	School Year 2019-2020	1.0854	1.9751	2.1404
	School Year 2018-2019	1.6779	2.5482	2.8162
	School Year 2017-2018	1.8768	2.6701	3.0030
Hispanic	School Year 2019-2020	0.4289	0.5850	0.6362
	School Year 2018-2019	0.4130	0.7122	0.7912
	School Year 2017-2018	0.7455	0.7725	0.8802
Pacific Islander	School Year 2019-2020	0.2618	0.3743	0.6909
	School Year 2018-2019	0.4762	0.7254	0.8986
	School Year 2017-2018		0.4785	0.8815
Two or More Races	School Year 2019-2020	0.4736	0.7923	1.0579
	School Year 2018-2019		1.2430	1.5968
	School Year 2017-2018	0.8913	1.0984	1.6914
White	School Year 2019-2020	0.1565	0.2487	0.5409
	School Year 2018-2019	0.2292	0.3720	0.7356
	School Year 2017-2018	0.2803	0.3776	0.7328
Female	School Year 2019-2020	0.2351	0.6396	0.5457
	School Year 2018-2019	0.3436	0.8169	0.7282
	School Year 2017-2018	0.4017	0.8345	0.7386
Male	School Year 2019-2020	0.5892	1.2926	1.3906
	School Year 2018-2019	0.8724	1.7410	1.8604
	School Year 2017-2018	1.0620	1.8659	1.9810

North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 6/18/2021. <https://www.dpi.nc.gov/data-reports/school-report-cards/school-report-card-resources-researchers>

Public School Enrollment Trend, Count

Year	Wake	Mecklenburg	North Carolina
School Year 2020-2021	164,844	148,669	1,429,275
School Year 2019-2020	166,967	153,273	1,458,814

School Year 2018-2019			1,469,266
School Year 2017-2018	165,343	153,745	1,480,016
School Year 2016-2017	164,663	153,698	1,486,448
School Year 2015-2016	163,364	153,007	1,493,809
School Year 2014-2015	160,614	151,380	1,498,654
School Year 2013-2014	158,716	149,479	1,493,980
School Year 2012-2013	154,368	136,860	1,467,297
School Year 2011-2012	151,040	133,716	1,458,572
School Year 2010-2011	147,609	129,559	1,450,435
School Year 2009-2010	144,348	127,260	1,446,650
School Year 2008-2009	142,080	129,579	1,456,558
School Year 2007-2008	138,543	130,296	1,458,156
School Year 2006-2007	132,647	135,842	1,452,420
School Year 2005-2006	125,337	131,941	1,428,912
School Year 2004-2005	118,325	126,122	1,395,810
School Year 2003-2004	112,566	120,894	1,374,887

North Carolina Department of Public Instruction, Statistical Profile.
<http://apps.schools.nc.gov/ords/f?p=145:1>

High School Graduation Rate

	Year	Wake	Mecklenburg	North Carolina
All Race/Ethnicity	School Year 2013-2014	82.9%	85.1%	83.9%
	School Year 2014-2015	86.1%	88.3%	85.6%
	School Year 2015-2016	87.1%	89.6%	85.9%
	School Year 2016-2017	88.5%	89.4%	86.5%
	School Year 2017-2018	89.1%	85.4%	86.3%
	School Year 2018-2019	89.9%	85.5%	86.5%
	School Year 2019-2020	90.8%	85.5%	87.6%
Asian	School Year 2013-2014	91.9%	87.3%	91.3%
	School Year 2014-2015	92.7%	92.3%	92.1%
	School Year 2015-2016	95.0%	94.3%	93.4%
	School Year 2016-2017	95.0%	93.0%	93.8%
	School Year 2017-2018	95.0%	90.4%	93.4%
	School Year 2018-2019	95.0%	92.6%	94.5%
	School Year 2019-2020	95.0%	92.7%	94.4%
American Indian	School Year 2013-2014	60.0%	79.6%	79.4%
	School Year 2014-2015	74.6%	91.7%	82.0%
	School Year 2015-2016	77.3%	79.2%	82.0%
	School Year 2016-2017	83.3%	92.6%	84.3%
	School Year 2017-2018	81.1%	81.1%	84.4%
	School Year 2018-2019	86.5%	92.9%	81.2%
	School Year 2019-2020	84.8%	77.4%	85.1%

Black	School Year 2013-2014	74.0%	82.6%	79.9%
	School Year 2014-2015	78.9%	86.8%	82.2%
	School Year 2015-2016	81.1%	89.5%	82.9%
	School Year 2016-2017	83.0%	89.7%	83.9%
	School Year 2017-2018	84.1%	84.9%	83.2%
	School Year 2018-2019	84.9%	85.2%	83.7%
	School Year 2019-2020	87.0%	85.4%	85.2%
Hispanic	School Year 2013-2014	67.8%	74.3%	77.4%
	School Year 2014-2015	73.7%	79.6%	80.0%
	School Year 2015-2016	73.6%	79.8%	80.1%
	School Year 2016-2017	76.0%	78.5%	80.5%
	School Year 2017-2018	77.2%	74.0%	79.9%
	School Year 2018-2019	79.8%	74.5%	81.1%
	School Year 2019-2020	80.0%	74.1%	81.7%
Two or More Races	School Year 2013-2014	83.7%	88.3%	82.7%
	School Year 2014-2015	88.0%	89.6%	84.5%
	School Year 2015-2016	86.6%	89.3%	83.0%
	School Year 2016-2017	90.3%	89.4%	84.3%
	School Year 2017-2018	89.1%	87.7%	84.1%
	School Year 2018-2019	88.9%	89.7%	83.9%
	School Year 2019-2020	89.8%	89.2%	85.3%
White	School Year 2013-2014	91.2%	93.0%	87.1%
	School Year 2014-2015	92.6%	93.8%	88.3%
	School Year 2015-2016	93.0%	94.6%	88.6%
	School Year 2016-2017	94.1%	94.8%	89.3%
	School Year 2017-2018	94.6%	93.1%	89.6%
	School Year 2018-2019	95.0%	92.4%	89.6%
	School Year 2019-2020	95.0%	93.6%	90.8%
Economically Disadvantaged	School Year 2013-2014	67.7%	79.5%	78.0%
	School Year 2014-2015	74.1%	83.1%	79.6%
	School Year 2015-2016	75.6%	85.2%	80.6%
	School Year 2016-2017	79.2%	85.0%	81.8%
	School Year 2017-2018	78.0%	80.3%	80.3%
	School Year 2018-2019	79.3%	79.4%	81.8%
	School Year 2019-2020	81.5%	80.2%	82.3%
Female	School Year 2013-2014	86.2%	89.1%	87.6%
	School Year 2014-2015	89.9%	92.4%	89.1%
	School Year 2015-2016	90.2%	92.9%	89.1%
	School Year 2016-2017	91.3%	92.6%	89.7%
	School Year 2017-2018	92.1%	89.7%	89.6%
	School Year 2018-2019	92.8%	89.9%	89.7%
	School Year 2019-2020	93.5%	89.6%	90.4%
Male	School Year 2013-2014	79.7%	81.4%	80.3%

School Year 2014-2015	82.5%	84.2%	82.2%
School Year 2015-2016	84.1%	86.5%	82.8%
School Year 2016-2017	85.8%	86.1%	83.5%
School Year 2017-2018	86.3%	81.0%	83.2%
School Year 2018-2019	87.1%	81.2%	83.5%
School Year 2019-2020	88.3%	81.5%	84.9%

North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 6/18/2021. <https://www.dpi.nc.gov/data-reports/school-report-cards/school-report-card-resources-researchers>

End of Grade Results- 3rd Grade Reading Level

Year	Wake	Mecklenburg	North Carolina
School Year 2013-2014	70.1%	61.6%	60.2%
School Year 2014-2015	69.5%	59.4%	59.0%
School Year 2015-2016	68.4%	58.5%	57.7%
School Year 2016-2017	67.4%	58.4%	57.8%
School Year 2017-2018	65.2%	56.1%	55.9%
School Year 2018-2019	66.0%	57.3%	56.8%

North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 6/18/2021. <https://www.dpi.nc.gov/data-reports/school-report-cards/school-report-card-resources-researchers>

Economic Opportunity

Major Employers in Wake County

Major Employer	Sector
1. Wake County Public School System	Educational Services
2. NC State University At Raleigh	Educational Services
3. WakeMed	Health Care and Social Assistance
4. Amazon Fulfillment Services Inc	Transportation and Warehousing
5. NC Health	Health Care and Social Assistance
6. Sas Institute Inc	Information
7. Wal-Mart Associates Inc.	Retail Trade
8. City Of Raleigh	Public Administration
9. County Of Wake	Public Administration
10. Dept Of Public Safety	Public Administration
11. State Of Nc Dept Of Health & Human	Public Administration
12. State Of Nc Office Of Personnel	Public Administration
13. Harris Teeter	Retail Trade

14. Food Lion	Retail Trade
15. Red Hat Inc	Professional Scientific and Technical Services
16. State Employees Credit Union Inc	Finance and Insurance
17. U S Postal Service	Transportation and Warehousing
18. Target Stores Div	Retail Trade
19. Aerotek Inc	Administrative and Support and Waste Management and Remediation Services
20. Charter Communications Llc	Information
21. Wells Fargo Bank Na (A Corp)	Finance and Insurance
22. Wake Technical Community College	Educational Services
23. First-Citizens Bank & Trust Company	Finance and Insurance
24. Lenovo	Manufacturing
25. United Parcel Service Inc	Transportation and Warehousing

North Carolina Department of Commerce, Labor & Economic Analysis, Quarterly Census of Employment and Wages Largest Employers. Download is for Quarter 2, 2021.

Number of Establishments in Employment Sector

	Year	Wake	Mecklenburg	North Carolina
Accommodation and Food Services	2020	2,593	3,179	22,690
Administrative and Support and Waste Management and Remediation Services	2020	3,025	3,099	20,906
Agriculture Forestry Fishing and Hunting	2020	78		3,208
Arts Entertainment and Recreation	2020	572	702	4,485
Construction	2020	3,612	3,281	29,213
Educational Services	2020	923	821	6,880
Finance and Insurance	2020	2,187	2,885	16,076
Health Care and Social Assistance	2020	3,396	3,511	26,223
Information	2020	1,274	983	6,391
Management of Companies and Enterprises	2020	227	435	1,835
Manufacturing	2020	805	1,024	10,314
Mining	2020	16		211
Other Services (except Public Administration)	2020	3,502	3,826	26,032
Professional Scientific and Technical Services	2020	8,222	7,333	42,219
Public Administration	2020	137	65	2,614
Real Estate and Rental and Leasing	2020	2,005	2,642	14,202
Retail Trade	2020	3,538	3,703	35,078
Transportation and Warehousing	2020	716	1,267	8,455
Utilities	2020	60	56	646
Wholesale Trade	2020	2,022	2,896	20,620

North Carolina Department of Commerce, Labor & Economic Analysis, Quarterly Census of Employment and Wages. Download is for year=2020 and period=annual.

Average Employed in Employment Sector, Percent and Count

	Year	Wake	Mecklenburg	North Carolina
Accommodation and Food Services	2020	7.8%	7.3%	8.5%
		43,030	50,700	365,960
Administrative and Support and Waste Management and Remediation Services	2020	7.8%	8.7%	6.7%
		42,831	60,234	289,912
Agriculture Forestry Fishing and Hunting	2020	0.2%		0.6%
		1,015		26,318
Arts Entertainment and Recreation	2020	1.4%	1.9%	1.4%
		7,830	12,917	59,932
Construction	2020	6.4%	5.1%	5.3%
		35,373	35,523	229,238
Educational Services	2020	8.2%	4.9%	8.5%
		45,311	33,742	367,196
Finance and Insurance	2020	4.0%	11.3%	4.5%
		22,068	78,380	192,320
Health Care and Social Assistance	2020	11.2%	11.7%	14.3%
		61,599	80,943	617,004
Information	2020	4.0%	2.8%	1.7%
		22,026	19,359	74,439
Management of Companies and Enterprises	2020	2.0%	4.3%	1.9%
		10,797	29,484	82,566
Manufacturing	2020	3.7%	4.8%	10.5%
		20,235	33,043	452,389
Mining	2020	0.0%		0.1%
		254		3,141
Other Services (except Public Administration)	2020	3.1%	2.5%	2.5%
		17,163	17,488	109,064
Professional Scientific and Technical Services	2020	11.8%	8.7%	6.2%
		64,972	60,232	269,771
Public Administration	2020	7.6%	2.8%	5.7%
		41,951	19,154	248,335
Real Estate and Rental and Leasing	2020	1.7%	1.9%	1.4%
		9,632	13,445	59,748
Retail Trade	2020	11.1%	8.8%	11.5%
		61,091	60,689	495,464
Transportation and Warehousing	2020	3.0%	6.9%	4.2%
		16,408	47,901	179,932
Utilities	2020	0.4%	0.3%	0.4%
		2,344	1,766	15,628
Wholesale Trade	2020	4.5%	5.2%	4.2%
		24,749	35,823	182,661

North Carolina Department of Commerce, Labor & Economic Analysis, Quarterly Census of Employment and Wages. Download is for year=2020 and period=annual.

Average Weekly Wage per Employee in Employment Sector

	Year	Wake	Mecklenburg	North Carolina
Wholesale Trade	2020	\$1,934.00	\$1,628.00	\$1,568.00
Utilities	2020	\$1,970.00	\$2,242.00	\$1,839.00
Transportation and Warehousing	2020	\$939.00	\$1,072.00	\$988.00
Retail Trade	2020	\$665.00	\$716.00	\$621.00
Real Estate and Rental and Leasing	2020	\$1,222.00	\$1,464.00	\$1,077.00
Public Administration	2020	\$1,146.00	\$1,317.00	\$1,041.00
Professional Scientific and Technical Services	2020	\$1,986.00	\$1,840.00	\$1,732.00
Other Services (except Public Administration)	2020	\$892.00	\$920.00	\$767.00
Mining	2020	\$1,820.00		\$1,257.00
Manufacturing	2020	\$1,841.00	\$1,544.00	\$1,217.00
Management of Companies and Enterprises	2020	\$2,137.00	\$2,811.00	\$2,287.00
Information	2020	\$2,141.00	\$1,845.00	\$1,836.00
Health Care and Social Assistance	2020	\$1,155.00	\$1,284.00	\$1,069.00
Finance and Insurance	2020	\$2,045.00	\$2,621.00	\$2,118.00
Educational Services	2020	\$979.00	\$949.00	\$980.00
Construction	2020	\$1,295.00	\$1,409.00	\$1,139.00
Arts Entertainment and Recreation	2020	\$619.00	\$1,023.00	\$702.00
Agriculture Forestry Fishing and Hunting	2020	\$1,036.00		\$768.00
Administrative and Support and Waste Management and Remediation Services	2020	\$917.00	\$944.00	\$811.00
Accommodation and Food Services	2020	\$386.00	\$453.00	\$370.00

North Carolina Department of Commerce, Labor & Economic Analysis, Quarterly Census of Employment and Wages. Download is for year=2020 and period=annual.

Median Household Income

Year	Wake	Mecklenburg	Travis	Texas	North Carolina
2011-2015	67,309.00	56,854.00	61,451.00	53,207.00	46,868.00
2012-2016	70,620.00	59,268.00	64,422.00	54,727.00	48,256.00
2013-2017	73,577.00	61,695.00	68,350.00	57,051.00	50,320.00
2014-2018	76,956.00	64,312.00	71,767.00	59,570.00	52,413.00
2015-2019	80,591.00	66,641.00	75,887.00	61,874.00	54,602.00

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP03

Per Capita Income

Year	Wake	Mecklenburg	Travis	Texas	North Carolina
2011-2015	\$34,202.00	\$33,169.00	\$35,168.00	\$26,999.00	\$25,920.00
2012-2016	\$35,752.00	\$34,091.00	\$36,649.00	\$27,828.00	\$26,779.00
2013-2017	\$37,315.00	\$35,669.00	\$38,820.00	\$28,985.00	\$28,123.00
2014-2018	\$39,102.00	\$37,298.00	\$41,049.00	\$30,143.00	\$29,456.00
2015-2019	\$40,982.00	\$38,819.00	\$43,658.00	\$31,277.00	\$30,783.00

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP03

Total Workers 16 years and over

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
Total workers 16 years and over	2015-2019	557,427	559,130	677,329	13,115,511	4,758,740
	2014-2018	544,089	542,690	656,028	12,842,820	4,660,377
	2013-2017	528,990	526,553	635,422	12,550,476	4,570,330
	2012-2016	510,506	508,464	612,192	12,237,558	4,448,095
	2011-2015	492,094	491,741	589,274	11,966,019	4,361,591

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B08007

Place of Work, Percent and Count

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
Worked in county of residence	2015-2019	83.0%	86.9%	89.7%	76.8%	71.1%
		462,508	485,692	607,437	10,077,404	3,381,370
	2014-2018	82.8%	86.4%	89.7%	77.1%	71.3%
		450,560	469,022	588,316	9,898,099	3,320,851
	2013-2017	82.3%	86.9%	89.8%	77.2%	71.5%
		435,291	457,748	570,642	9,689,455	3,265,928
	2012-2016	82.2%	86.8%	89.7%	77.3%	71.5%
419,410		441,455	548,866	9,461,495	3,182,485	
2011-2015	82.0%	86.9%	89.6%	77.4%	71.7%	
		403,532	427,172	528,088	9,256,305	3,127,941
Worked in state of residence	2015-2019	98.9%	94.9%	99.5%	99.0%	97.4%
		551,146	530,456	673,853	12,986,844	4,632,681
	2014-2018	98.9%	94.7%	99.5%	99.0%	97.4%
		538,207	513,925	652,768	12,718,665	4,537,398
	2013-2017	98.9%	95.2%	99.5%	99.0%	97.4%
		523,078	501,216	632,318	12,426,757	4,452,207
	2012-2016	98.9%	95.3%	99.5%	99.0%	97.4%
504,691		484,432	609,035	12,112,983	4,334,037	
2011-2015	98.9%	95.3%	99.4%	98.9%	97.5%	
		486,612	468,818	585,985	11,839,408	4,251,623
Worked outside county of residence	2015-2019	15.9%	8.0%	9.8%	22.2%	26.3%
		88,638	44,764	66,416	2,909,440	1,251,311
	2014-2018	16.1%	8.3%	9.8%	22.0%	26.1%

		87,647	44,903	64,452	2,820,566	1,216,547
	2013-2017	16.6%	8.3%	9.7%	21.8%	26.0%
		87,787	43,468	61,676	2,737,302	1,186,279
	2012-2016	16.7%	8.5%	9.8%	21.7%	25.9%
		85,281	42,977	60,169	2,651,488	1,151,552
	2011-2015	16.9%	8.5%	9.8%	21.6%	25.8%
83,080		41,646	57,897	2,583,103	1,123,682	
Worked outside state of residence	2015-2019	1.1%	5.1%	0.5%	1.0%	2.6%
		6,281	28,674	3,476	128,667	126,059
	2014-2018	1.1%	5.3%	0.5%	1.0%	2.6%
		5,882	28,765	3,260	124,155	122,979
	2013-2017	1.1%	4.8%	0.5%	1.0%	2.6%
		5,912	25,337	3,104	123,719	118,123
	2012-2016	1.1%	4.7%	0.5%	1.0%	2.6%
		5,815	24,032	3,157	124,575	114,058
	2011-2015	1.1%	4.7%	0.6%	1.1%	2.5%
		5,482	22,923	3,289	126,611	109,968

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B08007

Unemployment Rate

Year	Wake	Mecklenburg	North Carolina
2011	7.8%	9.9%	10.3%
2012	7.3%	9.0%	9.5%
2013	5.8%	7.3%	7.8%
2014	4.8%	5.8%	6.1%
2015	4.7%	5.3%	5.7%
2016	4.3%	4.7%	5.1%
2017	3.9%	4.3%	4.5%
2018	3.5%	3.9%	4.0%
2019	3.3%	3.6%	3.8%
2020	6.4%	7.8%	7.3%

North Carolina Department of Commerce, Labor & Economic Analysis, Local Area Unemployment Statistics. Download period = Annual Average

Poverty Status in the past 12 months, Percent and Count

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
Below 200 percent of poverty level	2015-2019	22.3%	28.5%	27.2%	34.3%	34.3%
		233,287	302,055	327,109	9,491,111	3,420,476
	2014-2018	23.4%	29.5%	28.9%	35.4%	35.6%
		239,900	306,980	340,851	9,642,118	3,513,670
	2013-2017	24.3%	31.0%	29.8%	36.2%	36.5%
		243,820	315,721	343,997	9,709,433	3,571,557
	2012-2016	25.3%	32.2%	31.7%	37.2%	37.7%

		246,918	320,608	355,874	9,802,520	3,649,420
	2011-2015	26.3%	33.4%	33.6%	38.0%	38.5%
		250,753	325,613	368,571	9,861,649	3,691,615
Below 100 percent of poverty level	2015-2019	9.1%	11.6%	12.0%	14.7%	14.7%
		95,198	122,537	143,785	4,072,194	1,467,591
	2014-2018	9.8%	12.7%	13.1%	15.5%	15.4%
		99,877	131,485	154,741	4,213,938	1,523,949
	2013-2017	10.1%	13.4%	13.9%	16.0%	16.1%
		101,256	136,399	159,948	4,291,384	1,579,871
	2012-2016	10.8%	14.2%	15.2%	16.7%	16.8%
		105,133	141,024	171,023	4,397,307	1,631,704
	2011-2015	11.3%	15.2%	16.4%	17.3%	17.4%
		107,687	148,326	180,220	4,472,451	1,667,465
Population for whom poverty status is determined	2015-2019					
		1,046,544	1,058,840	1,201,757	27,637,858	9,984,891
	2014-2018					
		1,024,221	1,039,018	1,179,259	27,264,694	9,881,292
	2013-2017					
		1,001,332	1,019,285	1,152,639	26,794,198	9,783,738
	2012-2016					
		975,560	996,602	1,124,075	26,334,005	9,685,511
	2011-2015					
		953,275	975,187	1,098,344	25,923,852	9,592,619

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701

Poverty Status in the past 12 months by Age, Percent and Count

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
Under 5 years	2015-2019	14.5%	17.9%	16.7%	22.7%	23.8%
		9,613	12,846	12,986	448,103	141,716
	2014-2018	14.8%	20.0%	19.1%	23.8%	24.7%
		9,786	14,215	14,952	470,531	146,941
	2013-2017	15.7%	20.0%	19.8%	24.8%	25.9%
		10,196	14,034	15,373	485,729	154,165
	2012-2016	17.5%	20.9%	22.5%	26.1%	27.3%
		11,332	14,605	17,542	508,487	162,903
	2011-2015	18.3%	22.7%	23.5%	27.4%	28.4%
		11,774	15,759	18,231	527,542	171,294
Under 18 years	2015-2019	12.0%	16.4%	15.6%	20.9%	21.2%
		30,625	41,529	41,754	1,516,985	478,877
	2014-2018	12.8%	18.1%	17.6%	22.0%	22.0%
		32,508	45,438	46,857	1,589,798	498,013
	2013-2017	13.4%	18.4%	18.8%	22.9%	22.9%
		33,567	45,905	49,774	1,630,901	516,821

	2012-2016	14.3%	19.3%	21.2%	23.9%	23.9%
		35,394	47,429	55,489	1,685,859	539,417
	2011-2015	15.2%	20.5%	22.6%	24.7%	24.7%
		37,136	49,871	58,111	1,725,793	557,005
65 years and over	2015-2019	5.8%	7.7%	8.4%	10.6%	9.1%
		6,810	8,842	9,553	359,396	145,021
	2014-2018	6.0%	8.0%	8.6%	10.7%	9.2%
		6,695	8,763	9,256	347,852	141,318
	2013-2017	5.9%	8.3%	8.6%	10.7%	9.4%
		6,210	8,683	8,739	334,002	139,191
	2012-2016	5.8%	8.5%	8.2%	10.8%	9.7%
		5,667	8,441	7,791	326,261	136,857
2011-2015	5.8%	8.7%	8.2%	11.1%	9.8%	
	5,279	8,103	7,336	319,309	133,578	

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701

Poverty Status in the past 12 months by Race/Ethnicity, Percent and Count

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
Asian alone	2015-2019	8.7%	10.9%	12.4%	10.2%	10.7%
		6,388	6,786	10,038	136,228	30,707
	2014-2018	8.9%	12.0%	13.3%	10.5%	11.9%
		6,120	7,240	10,437	135,831	32,712
	2013-2017	9.7%	12.8%	13.3%	10.6%	12.7%
		6,321	7,227	9,905	130,111	33,282
2012-2016	9.7%	12.5%	13.3%	11.1%	12.9%	
	5,918	6,677	9,326	129,228	32,044	
2011-2015	9.6%	13.9%	14.3%	11.6%	13.5%	
	5,614	7,070	9,561	128,356	32,158	
Black or African American alone	2015-2019	14.7%	15.1%	19.0%	19.3%	22.5%
		31,164	50,300	18,457	635,355	475,973
	2014-2018	15.4%	17.2%	19.9%	20.3%	23.5%
		31,778	55,771	19,087	654,449	493,496
	2013-2017	15.6%	18.8%	19.2%	21.4%	24.9%
		31,543	59,533	17,947	674,132	517,071
2012-2016	17.2%	20.7%	21.6%	22.6%	26.1%	
	34,121	64,175	19,786	697,386	537,538	
2011-2015	18.9%	22.6%	22.6%	23.6%	27.1%	
	36,929	68,026	20,458	710,752	551,510	
Some other race alone	2015-2019	19.0%	26.3%	19.5%	21.0%	27.2%
		7,886	15,647	19,452	339,544	84,699
	2014-2018	20.4%	28.8%	22.5%	22.3%	29.5%
		7,971	15,539	20,174	350,467	89,305
2013-2017	22.4%	26.4%	24.1%	22.9%	32.0%	

		8,065	13,440	18,673	355,547	97,609
	2012-2016	23.8%	27.5%	26.7%	24.4%	33.7%
		7,102	12,447	16,958	373,974	98,899
	2011-2015	23.6%	29.2%	30.3%	25.6%	35.6%
		6,283	11,698	20,399	398,363	102,072
Two or more races	2015-2019	11.6%	15.8%	10.6%	14.5%	20.8%
		3,598	4,624	4,631	107,198	54,627
	2014-2018	11.4%	16.2%	11.8%	15.3%	21.5%
		3,627	4,797	4,746	109,008	54,355
	2013-2017	11.3%	16.8%	12.7%	16.4%	22.9%
		3,108	4,892	4,745	112,099	55,222
	2012-2016	11.3%	17.9%	14.8%	17.2%	24.6%
		2,993	4,877	5,332	112,461	57,525
	2011-2015	11.6%	21.2%	15.6%	18.1%	26.1%
		2,686	5,608	5,255	114,922	58,053
White alone	2015-2019	6.7%	7.7%	10.3%	13.8%	11.5%
		45,638	44,100	89,733	2,825,719	790,244
	2014-2018	7.4%	8.3%	11.4%	14.5%	12.1%
		49,815	47,257	99,325	2,936,874	823,258
	2013-2017	7.7%	9.0%	12.5%	14.9%	12.5%
		51,640	50,489	107,803	2,992,339	845,573
	2012-2016	8.3%	9.3%	13.8%	15.5%	13.0%
		54,356	52,018	118,584	3,054,970	872,368
	2011-2015	8.6%	9.9%	14.8%	15.9%	13.3%
		55,504	54,988	123,599	3,090,465	890,086
White alone, not Hispanic or Latino	2015-2019	5.4%	6.1%	7.1%	8.4%	10.2%
		33,953	30,254	41,861	980,016	644,440
	2014-2018	5.8%	6.4%	7.5%	8.7%	10.6%
		35,975	31,330	43,501	1,000,468	668,925
	2013-2017	5.9%	6.8%	7.9%	8.8%	11.1%
		36,043	33,335	44,916	1,016,351	692,760
	2012-2016	6.2%	7.1%	8.5%	9.1%	11.5%
		36,886	34,204	47,541	1,041,518	718,254
	2011-2015	6.3%	7.2%	8.9%	9.2%	11.8%
		36,749	34,729	48,334	1,047,845	729,683
American Indian and Alaska Native alone	2015-2019	10.8%	25.3%	17.5%	17.1%	24.9%
		398	1,043	1,325	23,548	29,981
	2014-2018	10.7%	23.1%	13.0%	17.9%	25.1%
		375	861	867	23,587	29,577
	2013-2017	11.9%	26.7%	13.3%	18.8%	26.2%
		412	818	716	23,707	30,017
	2012-2016	14.0%	26.2%	17.0%	21.2%	28.1%
		455	830	878	26,264	32,101

	2011-2015	15.6%	29.6%	14.4%	21.5%	28.8%
		446	936	775	26,388	32,525
Hispanic or Latino origin (of any race)	2015-2019	20.2%	21.9%	17.3%	20.7%	26.4%
		21,606	30,955	70,851	2,262,560	248,474
	2014-2018	23.1%	24.0%	19.6%	22.1%	28.5%
		24,102	32,693	78,820	2,365,585	260,607
	2013-2017	24.9%	24.4%	21.3%	23.0%	30.1%
		25,215	32,160	83,849	2,409,759	268,985
	2012-2016	27.2%	25.7%	23.8%	24.2%	31.5%
		26,440	32,457	90,810	2,468,927	273,081
	2011-2015	28.0%	28.2%	26.4%	25.2%	33.2%
		26,757	34,556	98,446	2,524,283	283,395
Native Hawaiian and Other Pacific Islander alone	2015-2019	29.4%	6.9%	24.7%	18.8%	20.5%
		126	37	149	4,602	1,360
	2014-2018	44.0%	3.6%	18.3%	16.2%	19.4%
		191	20	105	3,722	1,246
	2013-2017	43.6%	0.0%	23.1%	15.2%	18.6%
		167	0	159	3,449	1,097
	2012-2016	44.5%	0.0%	17.8%	14.0%	19.7%
		188	0	159	3,024	1,229
	2011-2015	52.0%	0.0%	25.4%	15.3%	17.8%
		225	0	173	3,205	1,061

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701

Child Food Insecurity Rate

Year	Wake	Mecklenburg	Travis	Texas	North Carolina
2018	13.1%	15.2%	17.2%	21.6%	19.3%
2019	12.1%	14.7%	15.2%	19.6%	18.3%

Gundersen, C., A. Dewey, E. Engelhard, M. Strayer & L. Lapinski. Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018. Feeding America, 2020.

Percentage of Students Enrolled in Free and Reduced Lunch

Year	Wake	Mecklenburg	North Carolina
2015-2016	36.1%	47.7%	52.5%
2016-2017	34.5%	59.3%	59.8%
2017-2018	34.3%	59.8%	59.4%
2018-2019	34.0%	54.6%	58.6%

The Annie E. Casey Foundation, Kids Count Data Center. Sourced from Public Schools of North Carolina, State Board of Education, Department of Instruction, Child Nutrition, Economically Disadvantaged Student (EDS). Last updated September 2021.

Percentage of Children Enrolled in Public Schools that are Eligible for Free or Reduced Price Lunch

Year	Wake	Mecklenburg	North Carolina
2015-2016	33.5%	57.6%	57.4%
2016-2017	33.5%	57.5%	57.4%
2017-2018	31.6%	55.9%	55.9%
2018-2019	31.6%	54.8%	56.0%

County Health Rankings & Roadmaps 2018, 2019, 2020, and 2021, sourced from National Center for Education Statistics

Children with Low Access to a Grocery Store, Percent and Count

Year	Wake	Mecklenburg	Travis
2015	5.1%	4.9%	7.1%
	46,400	45,174	72,977
2010	5.2%	6.1%	7.8%
	47,208	56,272	79,902

U.S. Department of Agriculture. Food Environment Atlas Data Download, Last Updated 9/10/2020

Households with No Car and Low Access to a Grocery Store, Percent and Count

Year	Wake	Mecklenburg	Travis
2015	1.0%	1.1%	1.2%
	3,568	4,074	4,794
2010	1.0%	1.4%	1.4%
	3,351	4,982	5,507

U.S. Department of Agriculture. Food Environment Atlas Data Download, Last Updated 9/10/2021

Low-Income and Low Access to a Grocery Store, Percent and Count

Year	Wake	Mecklenburg
2019	5.4%	5.5%
	48,523	50,338

U.S. Department of Agriculture. Food Access Research Atlas Data Download 2019, Last Updated 4/27/2021

Households receiving food stamps/SNAP by Race/Ethnicity, Percent and Count

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
All Race/Ethnicity	2015-2019	6.2%	9.0%	7.2%	11.8%	12.6%
		24,665	36,953	33,869	1,140,905	498,689
	2014-2018	6.4%	9.9%	7.9%	12.2%	13.2%
		25,087	40,063	36,174	1,167,725	515,577
	2013-2017	6.7%	10.8%	8.2%	12.7%	13.7%
		25,556	42,525	36,738	1,196,016	532,402
2012-2016	7.1%	11.4%	8.9%	13.1%	14.4%	
	26,583	44,191	38,749	1,220,336	548,656	

	2011-2015	7.4%	12.2%	9.6%	13.4%	14.6%
		27,151	46,447	41,241	1,229,337	552,539
Asian alone	2015-2019	3.7%	3.8%	2.8%	2.2%	1.1%
		922	1,400	964	25,049	5,655
	2014-2018	3.5%	4.0%	2.5%	2.2%	1.2%
		889	1,591	902	25,706	6,194
	2013-2017	3.1%	3.5%	2.5%	2.1%	1.1%
		805	1,477	928	25,479	6,104
	2012-2016	2.4%	3.1%	2.4%	2.0%	1.0%
		627	1,356	933	24,673	5,745
2011-2015	2.9%	3.2%	2.5%	2.0%	1.1%	
	779	1,476	1,034	24,453	6,089	
Black or African American alone	2015-2019	55.8%	61.1%	20.5%	22.3%	42.7%
		13,767	22,569	6,927	254,358	212,933
	2014-2018	54.1%	61.3%	18.9%	22.0%	42.2%
		13,560	24,545	6,826	257,002	217,700
	2013-2017	53.3%	61.9%	17.5%	21.6%	42.2%
		13,624	26,311	6,422	258,646	224,831
	2012-2016	54.5%	62.1%	17.1%	21.4%	41.8%
		14,490	27,459	6,624	260,685	229,365
2011-2015	54.4%	61.5%	16.9%	21.1%	42.0%	
	14,780	28,551	6,977	259,889	232,186	
Some other race alone	2015-2019	4.2%	6.7%	16.2%	7.2%	2.9%
		1,045	2,459	5,491	81,901	14,630
	2014-2018	5.3%	6.5%	14.2%	7.2%	3.2%
		1,336	2,600	5,132	84,372	16,528
	2013-2017	6.3%	5.8%	12.4%	7.4%	3.3%
		1,619	2,459	4,539	87,940	17,587
	2012-2016	5.7%	5.6%	10.6%	7.5%	3.3%
		1,502	2,486	4,105	91,078	17,869
2011-2015	4.4%	5.0%	11.7%	7.8%	3.2%	
	1,188	2,344	4,827	96,116	17,845	
Two or more races	2015-2019	3.0%	2.3%	2.9%	2.1%	2.4%
		738	858	991	23,530	11,918
	2014-2018	3.2%	2.4%	2.6%	2.0%	2.2%
		815	976	928	23,314	11,530
	2013-2017	2.7%	2.8%	2.5%	2.1%	2.2%
		695	1,171	934	25,026	11,685
	2012-2016	2.3%	2.7%	2.4%	2.1%	2.1%
		615	1,175	916	25,742	11,513
2011-2015	2.4%	3.0%	2.5%	2.2%	2.1%	
	656	1,371	1,042	26,933	11,367	
White alone	2015-2019	32.2%	25.6%	56.1%	65.5%	48.5%

		7,939	9,442	18,997	747,396	242,069	
	2014-2018	33.1%	25.1%	60.6%	65.8%	48.9%	
		8,308	10,036	21,919	768,522	252,194	
	2013-2017	34.0%	25.3%	64.1%	66.1%	49.0%	
		8,694	10,759	23,557	790,653	260,868	
	2012-2016	34.4%	25.8%	66.5%	66.3%	49.6%	
		9,154	11,380	25,759	809,394	272,347	
	2011-2015	35.0%	26.9%	65.3%	66.2%	49.4%	
		9,513	12,488	26,939	813,404	273,050	
White alone, not Hispanic or Latino	2015-2019	24.7%	18.0%	22.1%	24.4%	43.7%	
		6,081	6,667	7,488	277,908	217,809	
	2014-2018	25.6%	17.0%	23.8%	24.6%	44.0%	
		6,420	6,813	8,596	286,792	226,746	
	2013-2017	25.2%	17.1%	24.2%	24.8%	44.2%	
		6,440	7,292	8,889	296,594	235,524	
	2012-2016	26.5%	17.5%	23.9%	24.9%	45.0%	
		7,041	7,727	9,275	304,073	246,828	
	2011-2015	27.1%	18.0%	24.5%	25.1%	44.8%	
		7,353	8,372	10,115	308,629	247,369	
	American Indian and Alaska Native alone	2015-2019	0.9%	0.5%	1.4%	0.7%	2.2%
			223	198	458	7,498	11,192
2014-2018		0.6%	0.7%	1.2%	0.7%	2.2%	
		143	284	430	7,701	11,140	
2013-2017		0.4%	0.7%	0.9%	0.6%	2.1%	
		106	309	323	7,261	11,145	
2012-2016		0.6%	0.7%	1.0%	0.6%	2.1%	
		172	302	395	7,640	11,477	
2011-2015		0.7%	0.5%	1.0%	0.6%	2.1%	
		195	217	407	7,606	11,748	
Hispanic or Latino origin (of any race)		2015-2019	13.2%	14.6%	53.2%	49.8%	8.5%
			3,265	5,401	18,002	567,992	42,394
	2014-2018	14.2%	15.1%	53.5%	49.9%	8.8%	
		3,554	6,062	19,339	583,105	45,285	
	2013-2017	16.2%	14.9%	54.2%	50.1%	8.7%	
		4,131	6,348	19,917	599,192	46,255	
	2012-2016	14.4%	15.1%	54.9%	50.4%	8.6%	
		3,827	6,662	21,263	614,595	46,948	
	2011-2015	13.3%	15.2%	54.0%	50.3%	8.5%	
		3,613	7,066	22,254	618,936	47,154	
	Native Hawaiian and Other Pacific Islander alone	2015-2019	0.1%	0.1%	0.1%	0.1%	0.1%
			31	27	41	1,173	292
2014-2018		0.1%	0.1%	0.1%	0.1%	0.1%	
		36	31	37	1,108	291	

	2013-2017	0.1%	0.1%	0.1%	0.1%	0.0%
		13	39	35	1,011	182
	2012-2016	0.1%	0.1%	0.0%	0.1%	0.1%
		23	33	17	1,124	340
	2011-2015	0.1%	0.0%	0.0%	0.1%	0.0%
		40	0	15	936	254

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2201

Access to Healthcare

Health Professional Ratio 10,000 Population

	Year	Wake	Mecklenburg	North Carolina
Dental Hygienist	2020	7	5	6
	2019	7	6	6
	2018	7	6	6
	2017	7	6	6
	2016	7	6	6
	2015	7	6	6
Dentist	2020	8	7	5
	2019	8	7	5
	2018	8	7	5
	2017	8	7	5
	2016	8	7	5
	2015	8	7	5
Nurse Practitioner	2020	8	10	8
	2019	8	11	8
	2018	7	10	8
	2017	7	9	7
	2016	6	8	7
	2015	6	8	6
Optometrist	2020	2	1	1
	2019	2	1	1
	2018	2	1	1
	2017	2	1	1
	2016	2	1	1
	2015	2	1	1
Pharmacist	2020	19	11	11
	2019	19	12	11
	2018	19	11	11
	2017	15	13	11
	2016	17	13	11
	2015	16	13	11
Physician	2019	25	33	24

	2018	24	32	24
	2017	24	31	24
	2016	24	31	24
	2015	24	30	23
	2014	24	30	23
Physician Assistant	2019	8	9	7
	2018	7	8	6
	2017	7	8	6
	2016	6	7	6
	2015	6	6	5
	2014	5	6	5
Primary Care Workforce	2019	12	14	11
	2018	12	13	10
	2017	11	12	10
Psychologist	2020	3	3	2
	2019	4	3	2
	2018	3	3	2
	2017	3	3	2
	2016	3	3	2
	2015	3	3	2
Registered Nurse	2020	109	115	101
	2019	105	111	99
	2018	108	111	101
	2017	107	110	101
	2016	105	109	100
	2015	105	109	100

North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Emergency Department Visit Counts by Wake Hospitals

Years	Duke Raleigh	Rex Healthcare	WakeMed					WakeMed Total	Wake Total
			Apex Healthplex	Brier Creek Med Park	Cary	Garner Healthplex Emergency Services	North Family Health & Women's Hospital		
2015	40,900	44,000	17,640	17,208	36,686	26,253	30,765	102,550	187,450
2016	42,149	46,857	17,422	17,423	38,222	28,821	35,428	105,788	194,794
2017	41,759	50,018	17,970	19,124	37,501	29,086	36,224	107,608	199,385
2018	41,104	52,422	17,730	19,216	37,383	28,555	36,846	107,885	201,411
2019	39,784	54,728	18,005	20,160	39,192	30,091	37,140	111,475	205,987

North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Emergency Department Visit Percentages by Age, 2019

Age Category	Duke Raleigh	Rex Healthcare	WakeMed					WakeMed Total	Wake Total
			Apex Healthplex	Brier Creek Med Park	Cary	Garner Healthplex Emergency Services	North Family Health & Women's Hospital		
Less than 1 year	0.5%	0.6%	1.5%	1.5%	1.3%	1.2%	1.5%	5.4%	3.2%
1 - 17 years	7.1%	5.6%	25.1%	15.7%	12.1%	17.6%	16.8%	30.1%	19.1%
18 - 44 years	46.6%	42.4%	42.4%	55.5%	41.7%	48.9%	48.1%	35.0%	39.2%
45 - 64 years	27.0%	25.7%	21.2%	19.2%	23.4%	21.5%	21.6%	19.3%	22.5%
65 - 84 years	15.8%	20.1%	8.6%	7.4%	16.7%	9.3%	10.0%	8.7%	13.1%
85 years or more	2.9%	5.6%	1.2%	0.8%	4.8%	1.4%	1.9%	1.6%	2.9%

North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Emergency Department Visit Percentages by Payer, 2019

Payer Type	Duke Raleigh	Rex Healthcare	WakeMed					WakeMed Total	Wake Total
			Apex Healthplex	Brier Creek Med Park	Cary	Garner Healthplex Emergency Services	North Family Health & Women's Hospital		
Commercial / HMO	25.7%	53.3%	55.3%	48.7%	54.4%	39.3%	47.2%	32.4%	36.7%
Medicaid	19.4%	10.4%	17.2%	19.8%	12.9%	26.2%	20.5%	36.5%	26.3%
Medicare	24.0%	15.4%	7.8%	6.8%	15.3%	8.6%	9.3%	8.6%	13.4%
Other government	1.6%	2.5%	3.1%	2.6%	2.8%	2.4%	2.1%	2.5%	2.3%
Other Payer	1.5%	2.5%	--	--	--	--	--	--	1.0%
Uninsured	25.0%	15.8%	16.5%	22.2%	14.6%	23.5%	21.0%	20.0%	19.8%
Unknown Payer	2.7%	--	--	--	--	--	--	--	0.5%

North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Emergency Department Visit Percentages by Race/Ethnicity, 2019

Race/Ethnicity	Duke Raleigh	Rex Healthcare	WakeMed					WakeMed Total	Wake Total
			Apex Healthplex	Brier Creek Med Park	Cary	Garner Healthplex Emergency Services	North Family Health & Women's Hospital		
African American	52.9%	34.3%	27.4%	54.8%	25.5%	53.2%	43.0%	49.1%	45.9%
American Indian	0.2%	0.2%	0.1%	0.2%	0.2%	0.2%	0.2%	0.1%	0.2%
Asian/Pacific Islander	0.9%	1.4%	3.2%	1.7%	4.1%	0.3%	0.8%	1.1%	1.1%
Caucasian	33.4%	54.1%	57.6%	35.4%	59.7%	35.7%	45.8%	31.4%	37.8%
Hispanic	5.3%	6.0%	7.6%	6.0%	8.0%	9.4%	7.3%	16.5%	11.6%

Non Hispanic	92.2%	92.6%	91.1%	93.3%	90.9%	89.9%	90.9%	82.6%	87.1%
Other Race	9.6%	8.7%	10.3%	7.1%	8.8%	9.8%	8.4%	17.2%	13.5%
Unavailable Race	3.0%	1.3%	1.3%	0.8%	1.7%	0.8%	1.8%	1.1%	1.5%
Unknown Ethnicity	2.5%	1.4%	1.3%	0.8%	1.1%	0.7%	1.8%	0.9%	1.3%

North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Preventable Hospitalizations for Medicare Enrollees per 100,000 Medicare Beneficiaries

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
65-74	2020	1,099	1,750	1,188	1,713	1,850
	2019	1,426	2,009	1,469	2,279	2,375
	2018	1,859	2,249	1,843	2,678	2,773
	2017	1,777	2,335	1,879	2,762	2,919
	2016	1,799	2,120	2,080	2,716	2,832
	2015	1,567	1,802	1,821	2,531	2,532
	2014	1,491	1,908	2,050	2,734	2,654
	2013	1,435	2,034	2,367	2,904	2,717
75-84	2020	2,974	3,207	2,410	3,643	3,641
	2019	3,845	4,299	3,780	3,388	3,438
	2018	4,819	4,880	4,485	5,997	5,602
	2017	4,750	5,041	4,905	6,255	5,828
	2016	4,386	4,932	4,819	6,076	5,632
	2015	4,216	3,962	4,872	5,615	5,124
	2014	4,092	3,975	5,425	6,006	5,475
	2013	4,198	4,187	5,476	6,338	5,700
85+	2020	5,926	5,599	5,148	6,318	6,101
	2019	7,531	7,300	8,334	9,087	8,256
	2018	9,268	8,666	9,554	11,036	9,501
	2017	11,031	9,342	9,739	11,263	9,824
	2016	8,950	8,722	10,244	10,837	9,597
	2015	7,896	7,436	8,613	9,926	8,218
	2014	7,606	7,352	9,151	10,480	8,896
	2013	8,250	7,888	10,569	10,911	9,060
<65	2020	3,908	4,980	4,427	5,021	4,644
	2019	4,682	6,086	4,860	6,030	5,456
	2018	4,751	5,427	5,309	5,845	5,574
	2017	4,981	5,437	4,935	5,945	5,511
	2016	4,659	5,242	5,453	5,609	5,214
	2015	4,122	4,973	4,811	5,213	4,828
	2014	3,866	4,855	5,692	5,375	5,158
	2013	3,872	5,121	5,315	5,471	5,226

All Race/Ethnicity	2020	2,483	2,974	2,367	3,151	3,146
	2019	3,175	3,750	3,296	4,255	4,096
	2018	3,775	3,960	3,803	4,793	4,539
	2017	4,022	4,196	3,953	5,011	4,758
	2016	3,744	4,096	4,268	4,966	4,702
	2015	3,406	3,546	3,886	4,626	4,235
	2014	3,291	3,598	4,380	4,944	4,545
	2013	3,404	3,851	4,687	5,209	4,692

Mapping Medicare Disparities Tool, Centers for Medicare & Medicaid Services, Office of Minority Health

Adult Care Facilities per 10,000 Population

Year		Wake	Mecklenburg	North Carolina
2021	Count	35	39	595
	Rate	0.30	0.34	0.56

North Carolina Division of Health Service Regulation for counts (last updated 12/17/2021). North Carolina Office of State Budget and Management year 2021 for population denominators

Beds in General Hospital per 10,000 Population

Year		Wake	Mecklenburg	North Carolina
2010	Count	1,350	1,996	20,699
	Rate	14.88	21.62	21.63
2011	Count	1,348	1,996	20,647
	Rate	14.54	21.20	21.41
2012	Count	1,350	1,996	20,757
	Rate	14.21	20.75	21.35
2013	Count	1,350	2,014	20,799
	Rate	13.88	20.31	21.21
2014	Count	1,350	2,052	20,919
	Rate	13.56	20.28	21.17
2015	Count	1,362	2,192	21,370
	Rate	13.34	21.17	21.44
2016	Count	1,403	2,233	21,632
	Rate	13.40	21.13	21.46
2017	Count	1,431	2,232	21,444
	Rate	13.36	20.74	21.06
2018	Count	1,431	2,327	21,698
	Rate	13.09	21.32	21.10

Log Into North Carolina (LINC) for counts. North Carolina Office of State Budget and Management for population denominators.

General Hospital Discharges per 10,000 Population

Year		Wake	Mecklenburg	North Carolina
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2010	Count	92,802	78,968	1,113,686
	Rate	1,022.60	855.24	1,163.60
2011	Count	80,658	87,817	1,067,207
	Rate	869.96	932.88	1,106.53
2012	Count	78,997	86,366	1,037,170
	Rate	831.28	897.75	1,066.65
2013	Count	69,145	78,850	960,929
	Rate	711.01	795.20	980.06
2014	Count	87,198	99,318	1,061,492
	Rate	875.90	981.65	1,074.18
2015	Count	88,357	75,361	1,084,379
	Rate	865.46	727.79	1,087.78
2016	Count	89,780	142,692	1,085,037
	Rate	857.78	1,349.94	1,076.38

Log Into North Carolina (LINC) for counts. North Carolina Office of State Budget and Management for population denominators.

Home Hospice Facilities per 10,000 population

Year		Wake	Mecklenburg	North Carolina
2021	Count	7	7	213
	Rate	0.06	0.06	0.20

North Carolina Division of Health Service Regulation for counts (last updated 12/17/2021). North Carolina Office of State Budget and Management year 2021 for population denominators.

Licensed Mental Health Facilities per 10,000 Population

Year	Wake	Mecklenburg	North Carolina
2021	247	349	3,722
	2.14	3.08	3.53

North Carolina Division of Health Service Regulation for counts (last updated 12/17/2021). North Carolina Office of State Budget and Management year 2021 for population denominators.

Nursing Facility Beds per 10,000 Population

Year		Wake	Mecklenburg	North Carolina
2010	Count	2,348	3,100	45,143
	Rate	25.87	33.57	47.17
2011	Count	2,348	3,100	45,382
	Rate	25.33	32.93	47.05
2012	Count	2,173	3,084	43,470
	Rate	22.87	32.06	44.71
2013	Count	2,173	3,084	43,606
	Rate	22.34	31.10	44.47
2014	Count	2,193	3,204	43,955

	Rate	22.03	31.67	44.48
2015	Count	2,209	3,189	43,857
	Rate	21.64	30.80	43.99
2016	Count	2,260	3,315	44,228
	Rate	21.59	31.36	43.88
2017	Count	2,327	3,386	44,650
	Rate	21.72	31.46	43.85

Log Into North Carolina (LINC) for counts. North Carolina Office of State Budget and Management for population denominators.

Dental Providers Receiving Medicaid Payments

Year	Wake	Mecklenburg	North Carolina
FY 2020	298	288	2,639
	2.63	2.58	2.52
FY 2021	302	296	2,585
	2.61	2.61	2.45

NC Medicaid Division of Health Benefits, Payments to Providers Dashboard

Count of Short-Term Acute Care Hospital Patient Discharges by Wake Hospital

Discharges Included	Year	Duke	Rex	WakeMed		
		Raleigh	Healthcare	Cary	North Family Health & Women's Hospital	WakeMed Total
Excluding Normal Newborns	2015	8,291	27,384	10,659	381	32,297
	2016	8,864	28,404	10,272	1,290	32,155
	2017	9,499	29,068	12,120	1,522	32,566
	2018	9,456	30,212	12,445	2,081	33,049
	2019	10,177	30,125	13,483	2,907	33,610
Including Normal Newborns	2015	8,291	31,705	12,393	509	35,459
	2016	8,864	32,551	11,673	1,752	34,940
	2017	9,499	32,632	13,574	1,970	35,002
	2018	9,456	33,523	14,026	2,583	35,601
	2019	10,177	33,380	15,042	3,584	35,929

North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Sum of Total Days that Patients were Hospitalized in Acute Care Hospitals in Wake

Hospital Stays Included	Year	Duke	Rex	WakeMed		
		Raleigh	Healthcare	Cary	North Family Health & Women's Hospital	WakeMed Total
	2015	37,220	120,128	45,747	1,137	194,275
	2016	38,558	113,258	38,809	4,168	183,157

Excluding Normal Newborns	2017	43,513	114,708	48,522	4,672	189,804
	2018	43,756	118,105	46,999	5,994	183,886
	2019	49,295	121,687	50,544	8,073	187,831
Including Normal Newborns	2015	37,220	129,671	49,423	1,404	200,937
	2016	38,558	122,388	41,741	5,143	189,033
	2017	43,513	122,505	51,568	5,614	194,880
	2018	43,756	125,269	50,240	7,021	189,047
	2019	49,295	128,620	53,697	9,459	192,397

North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Average Length of Short Term Acute Care Hospital Stays in Wake Hospitals

Hospital Stays Included	Year	WakeMed				
		Duke Raleigh	Rex Healthcare	Cary	North Family Health & Women's Hospital	WakeMed Total
Excluding Normal Newborns	2015	5	4	4	3	6
	2016	4	4	4	3	6
	2017	5	4	4	3	6
	2018	5	4	4	3	6
	2019	5	4	4	3	6
Including Normal Newborns	2015	5	4	4	3	6
	2016	4	4	4	3	5
	2017	5	4	4	3	6
	2018	5	4	4	3	5
	2019	5	4	4	3	5

North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Advance Community Health Patient Characteristics

Indicator	Year	Wake
Overall patients Total Patients	2020	17,361
		18,365
	2018	17,370
		16,050
	2016	17,248
		17,248
Patient special populations Homeless	2020	6.0%
		1,041
	2019	7.0%

			1,290	
		2018	7.0%	
			1,223	
		2017	6.7%	
			1,073	
		2016	6.8%	
	Public Housing	2020	64.6%	
			11,221	
		2019	66.6%	
			12,231	
		2018	68.0%	
			11,811	
	School-Based Health Center	2020	0.0%	
			0	
		2019	0.0%	
			0	
		2018	0.0%	
			0	
	Veterans	2020	1.8%	
			308	
		2019	1.6%	
			300	
		2018	1.8%	
			308	
	2017	1.7%		
		276		
	2016	2.0%		
		337		
	Patients by age	< 18 years	2020	22.0%
				3,814
2019			24.2%	
			4,444	
	2018	24.0%		
		4,172		

		2017	26.0%	
			4,180	
		2016	25.4%	
			4,380	
		18 – 64 years	2020	63.8%
				11,078
			2019	59.9%
				10,991
			2018	58.8%
				10,216
		2017	55.5%	
			8,908	
		2016	56.4%	
			9,719	
Age 65 and over	2020	14.2%		
		2,469		
	2019	16.0%		
		2,930		
	2018	17.2%		
		2,982		
	2017	18.5%		
		2,962		
	2016	18.3%		
		3,149		
Patients by income status	At or Below 100% of Federal Poverty Guideline	2020	66.6%	
			10,960	
		2019	63.3%	
			10,992	
		2018	58.7%	
			9,666	
		2017	65.8%	
			9,286	
		2016	67.9%	
			10,622	
	At or Below 200% of Federal Poverty Guideline	2020	96.2%	
			15,826	
		2019	96.2%	
			16,723	
2018		96.3%		
		15,858		
2017	97.2%			
	13,708			
2016	97.0%			

			15,183
	Total Patients with Known Income (Denominator)	2020	
			16,450
		2019	
			17,377
		2018	
			16,471
		2017	
	14,104		
	2016		15,651
Patients by language	Best Served in a Language Other than English	2020	19.2%
			3,332
		2019	18.4%
			3,387
		2018	15.5%
			2,685
		2017	14.7%
2,360			
2016	14.2%	2,456	
Patients by payor	Dually Eligible (Medicare and Medicaid)	2020	9.0%
			1,565
		2019	8.6%
			1,574
		2018	8.8%
			1,522
	2017	7.7%	
		1,234	
	Medicaid/CHIP	2020	32.0%
			5,546
		2019	32.8%
			6,015
		2018	32.9%
			5,709
	2017	35.1%	
5,628			
2016	36.0%		
	6,202		
Medicare	2020	18.3%	
		3,184	

		2019	20.4%	3,745	
		2018	22.0%	3,829	
		2017	23.0%	3,692	
		2016	22.4%	3,868	
		None/Uninsured	2020	38.1%	6,607
			2019	36.4%	6,685
			2018	33.4%	5,803
			2017	27.0%	4,333
		None/Uninsured Children (<18 years)	2020	13.6%	520
			2019	15.6%	695
			2018	12.2%	510
			2017	10.5%	440
	Other Third-Party	2020	11.7%	2,024	
		2019	10.5%	1,920	
		2018	11.7%	2,029	
		2017	14.9%	2,397	
		2016	14.5%	2,497	
	Patients by race/ethnicity	American Indian/Alaska Native	2020	0.8%	124
			2019	0.6%	99
2018			0.7%		

			113
		2017	0.4%
			56
		2016	0.5%
			62
	Asian	2020	2.2%
			351
		2019	2.0%
			349
		2018	2.0%
			314
		2017	2.2%
			299
		2016	1.6%
			224
	Black/African American	2020	58.4%
			9,439
		2019	59.8%
			10,424
		2018	64.5%
			10,246
		2017	69.7%
			9,463
		2016	72.0%
			10,028
	Hispanic/Latino Ethnicity	2020	23.7%
			4,008
		2019	22.8%
			4,159
		2018	19.9%
			3,392
		2017	18.5%
			2,879
		2016	18.0%
			3,099
	More than one race	2020	1.0%
			161
		2019	0.9%
			153
		2018	0.9%
			137
		2017	0.4%
			56

		2016	0.5%
			71
Native Hawaiian/Other Pacific Islander		2020	0.5%
			78
		2019	0.4%
			75
		2018	0.6%
			101
Non-Hispanic White		2017	1.3%
			177
		2016	0.7%
			92
		2020	18.2%
			2,943
Non-Hispanic White		2019	18.1%
			3,162
		2018	18.9%
			2,998
		2017	19.9%
			2,704
Non-Hispanic White		2016	22.2%
			3,090
		2020	82.5%
			13,888
		2019	82.6%
			14,968
Racial and/or Ethnic Minority		2018	82.4%
			13,997
		2017	82.4%
			12,666
		2016	81.3%
			13,396
Total Hispanic/Latino & Non-Hispanic Latino Patients (Denominator for Hispanic/Latino Ethnicity)		2020	
			16,926
		2019	
			18,219
		2018	
			17,088
Total Patients with		2017	
			15,528
		2016	
			17,248
Total Patients with		2020	

	Known Race Ethnicity (Denominator)	2021	16,160
		2019	17,440
		2018	15,879
		2017	13,584
		2016	13,922
		2020	16,831
	Total Racial and/or Ethnic Minority Patients (Denominator)	2019	18,130
		2018	16,995
		2017	15,370
		2016	16,486

U.S. Department of Health & Human Services. Health Resources & Services Administration. Health Center Program Uniform Data System (UDS) Data Overview

Medicaid Trend – Percent and Count

	Year	Wake	Mecklenburg	North Carolina
Aged	2021	0.7%	1.1%	1.5%
		8,315	12,257	154,047
	2020	0.7%	1.1%	1.4%
		8,001	11,883	149,891
	2019	0.7%	1.1%	1.5%
		7,866	11,853	150,958
	2018	0.7%	1.1%	
		7,795	11,722	
	2017	0.7%	1.1%	
		7,524	11,311	
	2016	0.7%	1.0%	1.4%
		7,206	10,827	144,814
Blind	2021	0.0%	0.0%	0.0%
		117	161	1,606
	2020	0.0%	0.0%	0.0%
		116	156	1,619
	2019	0.0%	0.0%	0.0%
		127	155	1,627

	2018	0.0%	0.0%	
		133	170	
	2017	0.0%	0.0%	
		146	160	
	2016	0.0%	0.0%	0.0%
		156	161	1,835
Breast and Cervical Cancer Medicaid (BCC)	2021	0.0%	0.0%	0.0%
		39	108	940
	2020	0.0%	0.0%	0.0%
		28	88	810
	2019	0.0%	0.0%	0.0%
		30	89	780
	2018	0.0%	0.0%	
		25	64	
	2017	0.0%	0.0%	
		24	58	
	2016	0.0%	0.0%	0.0%
		15	59	568
CHIP Extended Coverage	2021			
	2020			
	2019			
	2018			
	2017			
	2016	0.0%	0.0%	0.0%
		1	4	222
COVID 19	2021	0.2%	0.1%	0.2%
		1,830	1,313	18,081
	2020			
	2019			
	2018			
	2017			
	2016			
Disabled	2021	1.4%	2.2%	3.1%

		16,301	25,009	327,672	
	2020	1.4%	2.3%	3.1%	
		16,269	25,280	326,832	
	2019	1.5%	2.3%	3.2%	
		16,343	24,997	329,220	
	2018	1.5%	2.3%		
		16,729	25,629		
	2017	1.6%	2.4%		
		16,790	25,481		
	2016	1.6%	2.4%	3.2%	
		16,641	24,880	326,580	
Documented Immigrants	2021	0.6%	0.8%	0.3%	
		7,010	8,751	35,074	
	2020	0.6%	0.8%	0.3%	
		6,549	8,470	33,150	
	2019	0.6%	0.8%	0.3%	
		6,286	8,600	33,123	
	2018	0.5%	0.7%		
		5,573	7,887		
	2017	0.4%	0.6%		
		4,523	6,795		
	2016	0.3%	0.5%	0.2%	
		3,257	5,388	18,681	
	Family Planning	2021	2.7%	3.7%	3.7%
			31,713	42,042	393,524
2020		2.7%	3.8%	3.8%	
		30,796	42,372	397,775	
2019		2.7%	4.0%	3.7%	
		29,923	44,652	388,264	
2018		2.3%	3.6%		
		24,979	39,532		
2017		1.7%	3.0%		
		17,880	32,715		
2016		1.1%	2.2%	1.5%	
		11,706	23,286	147,327	
Foster Children		2021	0.2%	0.2%	0.3%
			1,817	1,934	30,579
	2020	0.0%	0.0%	0.1%	
		285	432	6,302	
	2019	0.0%	0.0%	0.1%	
		289	363	6,121	
	2018	0.0%	0.0%		
		332	373		

	2017	0.0%	0.0%	
		371	434	
	2016	0.0%	0.0%	0.1%
		386	463	6,633
Health Choice (Children’s Health Insurance Program (CHIP))	2021	0.9%	0.9%	1.0%
		9,862	10,057	103,645
	2020	1.0%	1.1%	1.2%
		11,431	12,187	130,532
	2019	1.0%	1.0%	1.3%
		11,536	11,625	133,290
	2018	1.0%	1.0%	
		10,676	10,449	
2017	0.9%	0.9%		
	9,826	9,697		
2016	0.9%	0.8%	1.1%	
	8,916	8,134	110,571	
Infants and Children	2021	3.3%	4.9%	4.8%
		38,372	55,421	508,947
	2020	3.2%	4.6%	4.7%
		36,061	51,938	487,962
	2019	3.2%	4.7%	4.7%
		35,764	52,415	483,645
	2018	3.1%	4.5%	
		34,000	48,644	
2017	3.1%	4.3%		
	32,982	46,681		
2016	3.5%	5.8%	5.0%	
	36,883	60,897	501,923	
MCHIP (Medicaid-Children’s Health Insurance Program)	2021	1.4%	1.7%	1.9%
		15,956	18,813	199,335
	2020	1.3%	1.7%	1.8%
		15,075	18,657	184,994
	2019	1.3%	1.7%	1.7%
		14,650	18,557	178,578
	2018	1.2%	1.6%	
		13,656	17,197	
2017	1.2%	1.4%		
	12,735	15,568		
2016	1.1%	1.2%	1.4%	
	11,845	12,498	144,113	
Pregnant Women	2021	0.1%	0.1%	0.2%
		1,277	1,670	20,692
	2020	0.1%	0.2%	0.3%

		1,678	2,571	31,456
	2019	0.2%	0.3%	0.3%
		2,244	3,225	35,411
	2018	0.2%	0.2%	
		2,159	2,634	
	2017	0.2%	0.2%	
		2,308	2,434	
	2016	0.2%	0.2%	0.3%
		2,350	2,608	33,817
Qualified Individuals (MQB-E)	2021	0.1%	0.1%	0.3%
		960	1,411	26,491
	2020	0.1%	0.1%	0.3%
		998	1,473	27,980
	2019	0.1%	0.1%	0.3%
		943	1,498	28,518
	2018	0.1%	0.1%	
		852	1,510	
	2017	0.1%	0.1%	
		837	1,614	
	2016	0.1%	0.2%	0.3%
		877	1,616	27,832
Qualified Medicare Beneficiaries (MQB-Q)	2021	0.0%	0.1%	0.1%
		445	623	10,208
	2020	0.0%	0.1%	0.1%
		433	646	10,698
	2019	0.0%	0.1%	0.1%
		476	704	11,706
	2018	0.0%	0.1%	
		368	577	
	2017	0.0%	0.0%	
		345	526	
	2016	0.0%	0.1%	0.1%
		482	673	11,616
Refugees	2021	0.0%	0.0%	0.0%
		44	48	200
	2020	0.0%	0.0%	0.0%
		47	63	284
	2019	0.0%	0.0%	0.0%
		74	86	409
	2018	0.0%	0.0%	
		84	117	
	2017	0.0%	0.0%	
		203	254	

	2016	0.0%	0.1%	0.0%
		230	550	1,827
Specified Low Income Medicare Beneficiaries (MQB-B)	2021	0.2%	0.3%	0.5%
		1,971	2,868	51,607
	2020	0.2%	0.3%	0.5%
		1,957	2,919	52,646
	2019	0.2%	0.3%	0.5%
		1,871	2,845	52,456
	2018	0.2%	0.3%	
		1,822	2,995	
2017	0.2%	0.3%		
	1,712	3,009		
2016	0.2%	0.3%	0.5%	
	1,684	2,939	50,665	
Temporary Assistance for Needy Families (TANF) under 21	2021	2.8%	4.5%	4.9%
		32,315	50,673	520,868
	2020	2.7%	4.5%	4.9%
		30,483	50,585	515,940
	2019	2.8%	5.0%	5.1%
		30,761	55,076	529,338
	2018	3.2%	5.8%	
		34,881	62,808	
2017	3.6%	6.2%		
	38,154	66,815		
2016	3.4%	5.8%	5.7%	
	35,249	61,117	570,775	
TANF (AFDC) 21 and Over	2021	1.9%	2.6%	3.0%
		21,853	29,251	315,043
	2020	1.3%	2.1%	2.3%
		15,119	23,204	236,032
	2019	1.1%	2.0%	2.1%
		12,502	22,235	217,004
	2018	1.2%	2.2%	
		13,198	23,862	
2017	1.3%	2.3%		
	13,899	24,831		
2016	1.3%	2.4%	2.6%	
	13,902	25,693	265,970	
Total Medicaid Enrollment	2021	15.7%	22.4%	24.9%
		181,635	254,158	2,624,690
	2020	14.6%	21.7%	23.7%
		165,238	242,503	2,474,044
2019	14.5%	22.5%	23.7%	

		161,434	248,915	2,456,593
	2018	14.4%	22.7%	
		157,874	247,358	
	2017	14.2%	22.3%	
		151,710	240,416	
	2016	13.8%	22.3%	22.5%
		144,241	235,468	2,265,650
Undocumented Immigrants	2021	0.1%	0.2%	0.1%
		1,300	1,805	9,776
	2020	0.1%	0.2%	0.1%
		1,343	1,766	9,673
	2019	0.1%	0.1%	0.1%
		1,285	1,565	9,435
	2018	0.1%	0.2%	
		1,288	1,637	
	2017	0.1%	0.2%	
		1,277	1,730	
	2016	0.1%	0.2%	0.1%
		1,372	1,813	10,674

North Carolina Medicaid Division of Health Benefits for counts. North Carolina Office of State Budget and Management for population denominators.

Uninsured by Age

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
18 or younger	2019	5.2%	6.0%	12.3%	12.7%	5.8%
		14,273	16,148	34,551	969,572	137,876
	2018	5.4%	5.5%	8.0%	11.1%	5.4%
		14,794	14,712	22,753	855,304	127,645
	2017	4.5%	5.0%	9.0%	10.7%	4.9%
		12,210	13,264	25,454	814,817	116,358
	2016	4.0%	5.3%	8.9%	9.7%	4.7%
		10,630	14,048	24,916	735,079	110,577
	2015	3.8%	4.3%	8.6%	10.0%	4.6%
		10,058	11,084	23,967	747,567	109,227
	2014	5.2%	5.2%	10.9%	11.6%	5.5%
		13,427	13,213	29,920	857,022	131,084
	2013	5.8%	7.0%	10.8%	13.4%	6.9%
		14,625	17,814	29,113	974,280	164,157
	2012	7.7%	6.7%	11.6%	13.1%	7.9%
		19,315	16,678	31,076	946,321	187,605
	2011	8.2%	7.4%	12.1%	13.9%	7.9%
		20,300	18,277	31,728	1,006,390	186,847
2010	7.9%	7.9%	12.8%	15.3%	8.3%	
	19,082	19,158	32,605	1,091,021	196,133	

18 to 64 years	2019	12.1%	15.8%	18.0%	24.3%	16.3%
		84,687	113,114	153,927	4,230,735	1,014,991
	2018	11.8%	15.8%	17.1%	23.8%	15.5%
		81,522	110,983	143,223	4,106,735	962,363
	2017	12.3%	15.7%	16.6%	23.4%	15.6%
		83,242	108,688	136,057	3,968,865	959,330
	2016	11.3%	14.6%	17.5%	22.6%	15.1%
		75,059	99,171	140,495	3,783,923	922,624
	2015	12.2%	16.2%	18.9%	23.3%	16.2%
		78,891	107,746	148,836	3,862,049	982,155
	2014	14.9%	18.7%	21.3%	25.8%	18.9%
		93,506	121,574	163,918	4,201,384	1,136,068
	2013	18.0%	23.0%	24.7%	30.1%	22.5%
		110,158	146,552	184,940	4,815,952	1,344,866
	2012	18.2%	23.0%	25.5%	30.8%	23.4%
		109,142	142,836	185,919	4,860,357	1,387,256
	2011	18.5%	22.5%	26.4%	31.2%	23.0%
		108,244	136,608	187,249	4,862,721	1,359,495
2010	18.8%	22.7%	26.5%	31.6%	23.5%	
	108,073	135,459	183,223	4,837,757	1,375,130	
21 to 64 years	2019	12.0%	15.7%	17.6%	24.0%	16.3%
		79,711	106,724	143,708	3,909,916	957,310
	2018	11.7%	15.8%	16.9%	23.6%	15.5%
		76,686	105,393	134,995	3,802,401	907,727
	2017	12.1%	15.6%	16.3%	23.1%	15.6%
		78,057	102,994	127,420	3,670,013	906,045
	2016	11.3%	14.6%	17.2%	22.3%	15.1%
		70,953	94,153	131,581	3,497,912	871,700
	2015	12.1%	16.2%	18.7%	23.1%	16.2%
		74,149	101,882	140,287	3,576,923	926,558
	2014	14.7%	18.6%	20.9%	25.4%	18.8%
		87,838	114,802	153,375	3,875,170	1,068,286
40 to 64 years	2019	10.2%	13.5%	15.8%	20.5%	13.6%
		37,547	47,093	61,668	1,762,153	454,584
	2018	9.3%	12.7%	13.9%	19.9%	12.7%
		33,603	43,887	52,708	1,697,091	422,749
	2017	9.9%	13.1%	13.6%	19.2%	12.8%
		35,023	44,372	50,643	1,621,475	425,355
	2016	8.4%	12.2%	14.1%	18.2%	12.3%
		29,265	40,602	51,315	1,518,390	405,371
	2015	8.6%	13.2%	14.7%	18.4%	12.8%
		29,002	43,339	52,566	1,524,434	419,331
	2014	11.0%	14.0%	15.7%	20.6%	14.9%
		35,895	44,798	54,606	1,673,360	484,801
2013	13.6%	18.8%	17.9%	24.2%	18.0%	
	43,182	58,823	60,179	1,938,529	582,956	

	2012	13.3%	18.5%	19.8%	24.6%	18.6%	
		40,888	56,141	64,224	1,942,045	597,700	
	2011	13.9%	18.2%	19.4%	24.7%	18.3%	
		41,754	53,706	60,327	1,931,350	585,386	
	2010	12.6%	16.7%	18.6%	24.1%	17.7%	
		36,447	47,751	55,670	1,844,738	558,479	
50 to 64 years	2019	8.9%	11.2%	14.0%	17.4%	11.4%	
		18,052	21,650	28,907	855,958	230,896	
	2018	8.0%	11.5%	11.6%	17.0%	11.0%	
		15,848	21,766	23,271	831,231	220,313	
	2017	9.1%	11.2%	11.3%	16.5%	10.8%	
		17,562	20,830	22,482	798,029	215,940	
	2016	7.4%	10.3%	11.6%	15.5%	10.5%	
		13,962	18,810	22,683	744,260	206,721	
	2015	7.3%	11.7%	12.6%	15.5%	10.8%	
		13,314	20,868	24,281	737,879	211,744	
	2014	9.4%	12.1%	14.0%	17.4%	12.6%	
		16,486	20,954	26,198	812,050	242,940	
	2013	12.0%	17.3%	15.1%	21.0%	15.8%	
		20,156	28,983	27,237	956,220	299,669	
	2012	10.8%	16.6%	18.3%	21.3%	16.0%	
		17,509	26,843	31,790	952,261	298,340	
	2011	12.5%	16.9%	16.1%	21.1%	16.1%	
		19,424	26,401	26,841	928,599	297,110	
	2010	10.5%	14.2%	15.4%	20.6%	15.0%	
		15,601	21,243	24,481	873,369	270,693	
	Under 65 years	2019	10.1%	13.2%	16.5%	20.7%	13.4%
			97,433	127,730	185,356	5,114,881	1,139,623
		2018	10.0%	13.0%	14.8%	19.9%	12.7%
			94,851	124,329	163,410	4,883,741	1,076,670
2017		10.0%	12.7%	14.6%	19.4%	12.6%	
		93,958	120,608	158,704	4,704,625	1,063,335	
2016		9.2%	12.1%	15.2%	18.6%	12.2%	
		84,547	112,129	162,725	4,444,791	1,023,107	
2015		9.7%	12.9%	16.2%	19.2%	13.0%	
		87,652	117,617	170,253	4,536,765	1,080,102	
2014		12.0%	14.9%	18.5%	21.4%	15.2%	
		105,435	133,436	190,790	4,976,322	1,254,138	
2013		14.4%	18.5%	20.9%	24.8%	18.1%	
		122,917	162,416	210,897	5,695,879	1,491,079	
2012		15.1%	18.3%	21.6%	25.2%	19.0%	
		126,704	157,893	213,562	5,712,298	1,556,925	
2011		15.4%	18.2%	22.4%	25.7%	18.7%	
		126,877	153,236	215,707	5,771,479	1,528,388	
2010		15.5%	18.4%	22.7%	26.3%	19.1%	
		125,353	152,458	212,259	5,820,793	1,549,918	

U.S. Census Bureau. Small Area Health Insurance Estimates (SAHIE)

Public Health Insurance Type

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
Medicaid/means tested coverage alone	2015-2019	8.7% 92,107	11.8% 125,635	9.0% 109,507	12.9% 3,583,379	13.4% 1,347,935
	2014-2018	8.6% 88,896	12.0% 126,032	9.5% 113,920	13.2% 3,614,103	13.5% 1,343,251
	2013-2017	8.6% 87,738	11.8% 121,347	9.8% 114,206	13.3% 3,586,295	13.5% 1,327,075
Medicare coverage alone	2015-2019	3.4% 36,049	3.8% 40,671	2.9% 35,790	4.7% 1,300,460	5.5% 551,401
	2014-2018	3.2% 33,010	3.6% 37,990	2.8% 33,222	4.5% 1,225,107	5.3% 523,788
	2013-2017	3.0% 30,106	3.5% 35,992	2.6% 30,778	4.3% 1,150,090	5.0% 497,019
Public health insurance alone	2015-2019	12.3% 130,661	15.9% 169,678	12.2% 148,545	17.9% 4,976,041	19.3% 1,937,869
	2014-2018	12.0% 124,339	15.9% 167,259	12.6% 150,636	18.0% 4,932,837	19.1% 1,905,406
	2013-2017	11.8% 119,854	15.6% 160,403	12.7% 148,642	17.9% 4,831,670	18.9% 1,862,738
VA health care coverage alone	2015-2019	0.2% 2,505	0.3% 3,372	0.3% 3,248	0.3% 92,202	0.4% 38,533
	2014-2018	0.2% 2,433	0.3% 3,237	0.3% 3,494	0.3% 93,627	0.4% 38,367
	2013-2017	0.2% 2,010	0.3% 3,064	0.3% 3,658	0.4% 95,285	0.4% 38,644

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2704

Disease, Illness, & Injury

Chlamydia Incidence Trend Count and Rate per 100,000 Population

Year		Wake	Mecklenburg	North Carolina
2016	Count	5,516	7,983	58,164
	Rate	525.90	754.50	572.40
2017	Count	6,091	8,835	62,974
	Rate	567.90	818.30	612.80
2018	Count	6,501	9,204	66,716
	Rate	595.20	839.80	642.00
2019	Count	6,602	10,051	71,391
	Rate	593.30	902.80	679.80
2020	Count	5,720	9,441	64,342
	Rate	505.20	836.30	607.00

NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina STD Surveillance Report

Gonorrhea Incidence Trend Count and Rate per 100,000 Population

Year		Wake	Mecklenburg	North Carolina
2016	Count	1,626	2,782	19,597
	Rate	155.00	262.90	192.80
2017	Count	2,080	3,188	22,731
	Rate	193.90	295.30	221.20
2018	Count	2,148	3,187	23,539
	Rate	196.70	290.80	226.50
2019	Count	2,214	3,433	26,705
	Rate	199.00	308.40	254.30
2020	Count	2,208	4,335	28,014
	Rate	195.00	384.00	264.30

NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina STD Surveillance Report

Hepatitis B, Acute, Incidence Trend Count and rate per 100,000 population

Year		Wake	Mecklenburg	North Carolina
2016	Count	4	9	169
	Rate	0.40	0.90	1.70
2017	Count	4	10	187
	Rate	0.40	0.90	1.80
2018	Count	4	14	227
	Rate	0.40	1.30	2.20
2019	Count	5	10	187
	Rate	0.40	0.90	1.80
2020	Count	0	13	131
	Rate	0.00	1.20	1.20

NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina Hepatitis B/C Surveillance Report

Hepatitis C, Acute, Incidence Trend Count and Rate per 100,000 Population

Year		Wake	Mecklenburg	North Carolina
2016	Count	1	2	203
	Rate	0.10	0.20	2.00
2017	Count	7	2	190
	Rate	0.70	0.20	1.80
2018	Count	10	5	198
	Rate	0.90	0.50	1.90

2019	Count	9	3	185
	Rate	0.80	0.30	1.80
2020	Count	2	4	100
	Rate	0.20	0.40	0.90

NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina Hepatitis B/C Surveillance Report

Hepatitis B, Chronic, Trend, Count and Rate per 100,000 Population

Year		Wake	Mecklenburg	North Carolina
2016	Count	346	169	1,384
	Rate	33.00	16.00	13.60
2017	Count	168	152	1,179
	Rate	15.70	14.10	11.50
2018	Count	161	137	1,129
	Rate	14.70	12.50	10.90
2019	Count	156	148	1,150
	Rate	14.00	13.30	11.00
2020	Count	36	119	768
	Rate	3.20	10.50	7.20

NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina Hepatitis B/C Surveillance Report

Hepatitis C, Chronic, Trend, Count and Rate per 100,000 Population

Year		Wake	Mecklenburg	North Carolina
2016	Count	292	437	5,079
	Rate	27.80	41.30	50.00
2017	Count	1,241	1,145	19,238
	Rate	115.70	106.10	187.20
2018	Count	1,181	729	18,288
	Rate	108.10	66.50	176.00
2019	Count	996	745	19,747
	Rate	89.50	66.90	188.00
2020	Count	756	617	12,313
	Rate	66.80	54.70	116.20

NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina Hepatitis B/C Surveillance Report

HIV Incidence, Trend, Count and Rate per 100,000 Population

Year		Wake	Mecklenburg	North Carolina
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2016	Count	1,626	2,782	19,597
	Rate	155.00	262.90	192.80
2017	Count	2,080	3,188	22,731
	Rate	193.90	295.30	221.20
2018	Count	2,148	3,187	23,539
	Rate	196.70	290.80	226.50
2019	Count	2,214	3,433	26,705
	Rate	199.00	308.40	254.30
2020	Count	2,208	4,335	28,014
	Rate	195.00	384.00	264.30

NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina HIV Surveillance Report

Syphilis Incidences Trend Count and Rate per 100,000 Population

	Year		Wake	Mecklenburg	
Early	2016	Count	116	196	
		Rate	11.10	18.50	
	2017	Count	115	190	
		Rate	10.70	17.60	
	2018	Count	99	173	
		Rate	9.10	15.80	
	2019	Count	149	210	
		Rate	13.40	18.90	
	2020	Count	152	292	
		Rate	13.40	25.90	
	Primary and Secondary	2016	Count	122	288
			Rate	11.60	27.20
2017		Count	127	268	
		Rate	11.80	24.80	
2018		Count	148	250	
		Rate	13.60	22.80	
2019		Count	159	247	
		Rate	14.30	22.20	
2020		Count	177	276	
		Rate	15.60	24.40	

NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina STD Surveillance Report

Vector Borne Diseases Count and rate per 100,000 Population

	Year		Wake
Lyme Disease	2016	Count	30
		Rate	2.90
	2017	Count	46
		Rate	4.30

	2018	Count	29
		Rate	2.70
	2019	Count	37
		Rate	3.30
	2020	Count	20
		Rate	1.80
Malaria	2016	Count	7
		Rate	0.70
	2017	Count	9
		Rate	0.80
	2018	Count	6
		Rate	0.50
	2019	Count	12
		Rate	1.10
	2020	Count	1
		Rate	0.10

North Carolina Electronic Disease Surveillance System (NC EDSS), 5/5/2021

Foodborne Illness Trend Count and Rate per 100,000

		Year	Wake	
Campylobacter Infection	2016	Count	100	
		Rate	9.60	
	2017	Count	139	
		Rate	13.00	
	2018	Count	228	
		Rate	20.90	
	2019	Count	225	
		Rate	20.20	
	2020	Count	148	
		Rate	13.10	
	E.coli-shiga toxin producing	2016	Count	42
			Rate	4.00
2017		Count	30	
		Rate	2.80	
2018		Count	43	
		Rate	3.90	
2019		Count	43	
		Rate	3.90	
2020		Count	19	
		Rate	1.70	
Salmonellosis		2016	Count	200
			Rate	19.10
	2017	Count	216	
		Rate		

	2018	Rate	20.10	
		Count	283	
	2019	Rate	25.90	
		Count	242	
	2020	Rate	21.80	
		Count	254	
Shigellosis	2016	Rate	22.50	
		Count	25	
	2017	Rate	2.40	
		Count	27	
	2018	Rate	2.50	
		Count	36	
	2019	Rate	3.30	
		Count	39	
	2020	Rate	3.50	
		Count	21	
			Rate	1.90

North Carolina Electronic Disease Surveillance System (NC EDSS), 5/5/2021

Pertussis Incidence trend Count and Rate per 100,000 Population

Year	Wake	
2016	Count	37
	Rate	3.50
2017	Count	43
	Rate	4.00
2018	Count	45
	Rate	4.10
2019	Count	19
	Rate	1.70
2020	Count	9
	Rate	0.80

North Carolina Electronic Disease Surveillance System (NC EDSS), 12/15/2021

Tuberculosis Incidence Trend, Count and Rate per 100,000 Population

Year	Wake	
2016	Count	33
	Rate	3.20
2017	Count	28
	Rate	2.60
2018	Count	26
	Rate	2.40
2019	Count	24
	Rate	2.20
2020	Count	16

	Rate	1.40
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Wake County Health & Human Services TB Program, 5/5/21

Animal Rabies Cases Incidences Trend Count and Rate per 10,000 Population

Year		Wake	Mecklenburg
2015	Count	20	22
	Rate	0.20	0.21
2016	Count	17	19
	Rate	0.16	0.18
2017	Count	9	13
	Rate	0.08	0.12
2018	Count	19	14
	Rate	0.17	0.13

NC Department of Health & Human Services, North Carolina Division of Public Health, State Laboratory of Public Health. CDC WONDER Bridged-Race Population Estimates for population denominators

Cancer Incidence- All Site

Year		Wake	Mecklenburg	North Carolina
2009-2013	Count	19,183	19,607	256,989
	Rate	471.20	472.70	483.40
2010-2014	Count	20,153	20,262	262,801
	Rate	476.00	471.00	480.40
2011-2015	Count	21,146	21,037	270,416
	Rate	478.40	469.50	481.40
2012-2016	Count	22,022	21,819	277,277
	Rate	474.10	467.20	481.90
2013-2017	Count	23,025	22,450	285,783
	Rate	475.70	464.30	484.30
2014-2018	Count	24,275	23,490	293,441
	Rate	480.50	469.80	484.90
2015-2019	Count	24,313	23,814	291,279
	Rate	462.00	460.90	469.20

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 5-year data

Breast Cancer Incidence Trend Count and Rate per 100,000 Population

Year		Wake	Mecklenburg	North Carolina
2009-2013	Count	3,991	4,010	45,146
	Rate	171.90	169.40	157.90
2010-2014	Count	4,141	4,252	46,420
	Rate	171.50	173.20	158.40
2011-2015	Count	4,349	4,439	48,011
	Rate	172.80	174.60	160.20

2012-2016	Count	4,507	4,663	49,467
	Rate	171.30	176.10	161.80
2013-2017	Count	4,748	4,843	51,197
	Rate	174.20	177.40	163.90
2014-2018	Count	4,968	5,116	53,000
	Rate	175.60	182.30	166.30
2015-2019	Count	5,126	5,177	53,212
	Rate	174.90	179.20	163.40

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 5-year data

Lung Cancer Incidence Trend Count and Rate per 100,000 Population

Year		Wake	Mecklenburg	North Carolina
2009-2013	Count	2,034	2,259	37,831
	Rate	55.80	59.30	70.90
2010-2014	Count	2,139	2,304	38,539
	Rate	56.10	58.00	70.00
2011-2015	Count	2,200	2,349	39,370
	Rate	55.00	56.70	69.30
2012-2016	Count	2,271	2,366	40,216
	Rate	53.50	54.70	68.80
2013-2017	Count	2,338	2,394	40,847
	Rate	52.20	53.30	67.80
2014-2018	Count	2,419	2,435	41,269
	Rate	51.30	51.90	66.40
2015-2019	Count	2,391	2,406	40,306
	Rate	48.50	49.40	62.80

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 5-year data

Colorectal Cancer incidence Trend Count and Rate per 100,000 Population

Year		Wake	Mecklenburg	North Carolina
2009-2013	Count	1,331	1,428	20,240
	Rate	33.60	35.00	38.50
2010-2014	Count	1,410	1,464	20,407
	Rate	33.80	34.70	37.70
2011-2015	Count	1,429	1,549	20,883
	Rate	32.90	35.00	37.50
2012-2016	Count	1,485	1,601	21,168
	Rate	32.60	34.60	37.10
2013-2017	Count	1,523	1,655	21,591
	Rate	32.30	34.50	37.00

2014-2018	Count	1,528	1,717	21,954
	Rate	30.80	34.60	36.80
2015-2019	Count	1,483	1,721	21,477
	Rate	28.90	33.60	35.20

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 5-year data

Prostate Cancer Incidence Trend Count and Rate per 100,000 Population

Year	Data Type	Wake	Mecklenburg	North Carolina
2009-2013	Count	2,632	2,726	33,115
	Rate	137.80	144.90	130.60
2010-2014	Count	2,659	2,725	32,878
	Rate	133.00	138.70	125.00
2011-2015	Count	2,719	2,831	32,915
	Rate	129.90	138.10	120.90
2012-2016	Count	2,749	2,988	32,584
	Rate	124.30	138.90	115.90
2013-2017	Count	2,952	3,143	34,041
	Rate	127.80	141.30	117.40
2014-2018	Count	3,346	3,337	35,701
	Rate	139.30	143.70	119.30
2015-2019	Count	3,421	3,528	36,029
	Rate	135.90	146.80	116.90

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 5-year data

All Causes Mortality, Rate per 100,000 Population

Indicator	Year	Data Type	Wake	Mecklenburg	North Carolina	
All Causes Mortality	All Race/Ethnicity	2010-2014	Count	23,306	26,764	408,611
			Rate	635.30	683.20	785.20
		2011-2015	Count	24,268	27,709	419,137
			Rate	632.40	679.30	783.10
		2012-2016	Count	25,412	28,779	429,955
			Rate	632.00	677.40	781.80
		2013-2017	Count	26,460	29,580	441,359
			Rate	624.20	673.80	782.80
		2014-2018	Count	27,483	30,563	452,047
			Rate	622.20	673.90	781.80
		2015-2019	Count	28,425	31,286	462,786
			Rate	616.70	668.10	780.00

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data

All Causes Mortality by Race and Sex Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina		
All Causes Mortality	All Race/Ethnicity	2010-2014	Count	23,306	26,764	408,611		
			Rate	635.30	683.20	785.20		
		2011-2015	Count	24,268	27,709	419,137		
			Rate	632.40	679.30	783.10		
		2012-2016	Count	25,412	28,779	429,955		
			Rate	632.00	677.40	781.80		
		2013-2017	Count	26,460	29,580	441,359		
			Rate	624.20	673.80	782.80		
		2014-2018	Count	27,483	30,563	452,047		
			Rate	622.20	673.90	781.80		
		2015-2019	Count	28,425	31,286	462,786		
			Rate	616.70	668.10	780.00		
		All Causes Mortality by Race	African American, non-Hispanic	2010-2014	Count	5,204	8,322	82,356
					Rate	814.50	864.60	900.40
2011-2015	Count			5,389	8,672	84,565		
	Rate			806.20	854.20	895.40		
2012-2016	Count			5,658	9,159	87,155		
	Rate			808.80	852.20	894.30		
2013-2017	Count			5,933	9,563	89,806		
	Rate			798.50	836.00	891.70		
2014-2018	Count			6,138	9,973	92,207		
	Rate			795.20	833.30	888.50		
2015-2019	Count			6,347	10,406	94,956		
	Rate			787.70	834.00	890.10		
American Indian, non-Hispanic	2010-2014		Count	47	48	4,004		
			Rate	565.20	378.10	862.50		
	2011-2015		Count	46	53	4,155		
			Rate	502.50	422.90	857.60		
	2012-2016		Count	44	58	4,306		
			Rate	463.00	467.20	849.10		
	2013-2017		Count	46	58	4,482		
			Rate	623.00	426.00	850.30		
	2014-2018		Count	45	60	4,688		
			Rate	610.70	465.30	856.90		
	2015-2019		Count	49	62	4,840		
			Rate	584.00	492.40	855.80		
Hispanic	2010-2014		Count	468	669	4,428		
			Rate	308.60	342.30	298.60		
	2011-2015		Count	480	727	4,827		
			Rate	299.60	353.20	307.60		
	2012-2016		Count	526	785	5,375		
			Rate	315.70	349.00	320.70		
	2013-2017	Count	633	862	5,973			
		Rate						

	Other Races, non-Hispanic	2014-2018	Rate	368.50	355.70	340.00
			Count	703	959	6,730
		2015-2019	Rate	393.30	371.80	359.80
			Count	746	1,034	7,342
		2010-2014	Rate	398.50	371.30	368.40
			Count	357	452	2,431
	2011-2015	Rate	299.00	383.40	386.10	
		Count	394	522	2,794	
	2012-2016	Rate	299.80	415.60	406.60	
		Count	470	593	3,144	
	2013-2017	Rate	330.00	433.30	418.10	
		Count	470	593	3,144	
	2014-2018	Rate	321.90	432.60	418.30	
		Count	525	651	3,477	
	2015-2019	Rate	321.90	432.60	418.30	
		Count	597	702	3,813	
	2010-2014	Rate	333.10	446.00	426.00	
		Count	677	722	4,054	
	2011-2015	Rate	333.20	437.00	416.50	
		Count	677	722	4,054	
2012-2016	Rate	620.10	644.30	777.50		
	Count	17,230	17,273	315,392		
2013-2017	Rate	620.30	641.90	776.90		
	Count	17,959	17,735	322,796		
2014-2018	Rate	618.20	638.00	775.60		
	Count	18,714	18,184	329,975		
2015-2019	Rate	608.70	637.30	777.70		
	Count	19,323	18,446	337,621		
2010-2014	Rate	606.40	637.50	777.00		
	Count	20,000	18,869	344,609		
2011-2015	Rate	600.90	628.40	775.20		
	Count	20,606	19,062	351,594		
2012-2016	Rate	600.90	628.40	775.20		
	Count	20,606	19,062	351,594		
All Causes Mortality by Sex	Female	2010-2014	Count	12,013	13,612	205,161
			Rate	553.90	580.20	669.60
		2011-2015	Count	12,435	14,157	210,280
			Rate	548.70	581.00	669.50
		2012-2016	Count	13,021	14,688	215,026
			Rate	548.70	580.20	668.60
		2013-2017	Count	13,407	15,010	219,768
	Rate		540.10	578.40	668.70	
	2014-2018	Count	13,851	15,390	223,842	
		Rate	538.00	575.90	666.10	
	2015-2019	Count	14,321	15,703	228,469	
		Rate	535.50	571.20	664.20	
	Male	2010-2014	Count	11,293	13,152	203,450
			Rate	745.00	824.80	931.00
2011-2015		Count	11,833	13,552	208,857	
		Rate	744.00	813.90	924.70	
2012-2016		Count	12,391	14,091	214,929	
		Rate	744.00	813.90	924.70	

		Rate	741.90	809.70	922.10
2013-2017		Count	13,053	14,570	221,591
		Rate	734.00	802.20	924.00
2014-2018		Count	13,632	15,173	228,205
		Rate	731.10	805.10	923.90
2015-2019		Count	14,104	15,583	234,317
		Rate	720.90	795.90	921.00

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data

Total Cancer Mortality Trend, Count and Rate Per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina		
Total Cancer Mortality	All Race/Ethnicity	2010-2014	Count	5,866	6,231	92,542		
			Rate	153.40	155.90	171.80		
		2011-2015	Count	6,016	6,277	93,838		
			Rate	151.00	150.10	169.10		
		2012-2016	Count	6,126	6,414	95,163		
			Rate	146.30	147.00	166.50		
		2013-2017	Count	6,273	6,460	96,225		
			Rate	141.70	142.70	164.00		
		2014-2018	Count	6,428	6,550	97,303		
			Rate	138.90	140.00	161.30		
		2015-2019	Count	6,513	6,578	97,965		
			Rate	134.60	136.30	158.00		
		Total Cancer Mortality by Race	African American, non-Hispanic	2010-2014	Count	1,337	2,018	18,985
					Rate	201.40	196.50	199.40
2011-2015	Count			1,364	2,040	19,239		
	Rate			196.30	186.90	194.90		
2012-2016	Count			1,385	2,084	19,500		
	Rate			188.60	179.30	190.70		
2013-2017	Count			1,423	2,098	19,702		
	Rate			182.50	170.50	186.70		
2014-2018	Count			1,446	2,167	19,965		
	Rate			176.20	169.80	183.00		
2015-2019	Count			1,461	2,265	20,265		
	Rate			170.80	171.20	180.50		
American Indian, non-Hispanic	2010-2014		Count	10	11	798		
			Rate			159.70		
	2011-2015		Count	11	12	822		
			Rate			156.70		
	2012-2016		Count	13	13	880		
			Rate			158.70		
2013-2017	Count		14	12	903			

			Rate			155.70	
		2014-2018	Count	11	14	922	
			Rate			153.40	
		2015-2019	Count	12	14	975	
			Rate			156.50	
	Hispanic	2010-2014	Count	99	143	862	
			Rate	69.80	83.20	67.10	
		2011-2015	Count	108	155	969	
			Rate	72.80	86.20	69.80	
		2012-2016	Count	117	165	1,094	
			Rate	80.70	79.20	72.90	
		2013-2017	Count	138	183	1,232	
			Rate	91.50	83.30	79.30	
		2014-2018	Count	147	203	1,374	
			Rate	90.70	85.70	82.00	
		2015-2019	Count	169	212	1,495	
			Rate	96.80	82.30	82.80	
		Other Races, non-Hispanic	2010-2014	Count	105	138	681
				Rate	76.40	101.30	97.80
			2011-2015	Count	112	155	782
				Rate	76.30	112.00	104.70
	2012-2016		Count	139	165	848	
			Rate	87.80	108.10	104.40	
	2013-2017		Count	160	176	922	
			Rate	87.00	104.80	103.20	
	2014-2018		Count	183	182	998	
			Rate	88.40	103.10	102.60	
	2015-2019		Count	199	188	1,039	
			Rate	85.80	103.00	98.70	
	White, non-Hispanic		2010-2014	Count	4,315	3,921	71,216
				Rate	149.80	147.00	169.90
		2011-2015	Count	4,421	3,915	72,026	
			Rate	148.00	142.10	167.50	
		2012-2016	Count	4,472	3,987	72,841	
			Rate	143.00	140.20	165.00	
		2013-2017	Count	4,538	3,991	73,466	
			Rate	138.00	136.90	162.80	
		2014-2018	Count	4,641	3,984	74,044	
			Rate	135.60	133.20	160.20	
		2015-2019	Count	4,672	3,899	74,191	
			Rate	131.30	127.10	156.70	
		Female	2010-2014	Count	2,908	3,090	43,065
				Rate	132.70	133.10	142.10

Total Cancer Mortality by Sex		Year	Data Type	Wake	Mecklenburg	North Carolina
			Count	2,964	3,127	43,710
			Rate	129.40	129.20	140.30
		2012-2016	Count	2,995	3,185	44,456
			Rate	124.60	126.60	138.90
		2013-2017	Count	3,035	3,193	45,100
			Rate	120.10	122.70	137.50
		2014-2018	Count	3,099	3,254	45,684
			Rate	118.00	120.50	135.70
		2015-2019	Count	3,150	3,267	46,094
			Rate	114.90	117.20	133.50
	Male	2010-2014	Count	2,958	3,141	49,477
			Rate	186.10	191.70	214.40
		2011-2015	Count	3,052	3,150	50,128
			Rate	184.30	182.70	209.90
		2012-2016	Count	3,131	3,229	50,707
			Rate	179.50	179.00	205.20
		2013-2017	Count	3,238	3,267	51,125
			Rate	173.90	173.70	201.30
		2014-2018	Count	3,329	3,296	51,619
			Rate	169.70	170.20	197.00
		2015-2019	Count	3,363	3,311	51,871
			Rate	163.70	165.60	192.20

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data

Breast Cancer Mortality by Race/Ethnicity, Count and Rate per 100,000 Population

Race/Ethnicity	Year	Data Type	Wake	Mecklenburg	North Carolina	
All Race/Ethnicity	2010-2014	Count	515	520	6,491	
		Rate	22.30	21.60	21.60	
	2011-2015	Count	520	545	6,553	
		Rate	21.60	21.70	21.30	
	2012-2016	Count	518	543	6,563	
		Rate	20.80	20.80	20.90	
	2013-2017	Count	518	559	6,728	
		Rate	20.00	20.80	20.90	
	2014-2018	Count	536	567	6,880	
		Rate	20.00	20.30	20.90	
	2015-2019	Count	555	567	6,928	
		Rate	19.70	19.80	20.60	
	African American, non-Hispanic	2010-2014	Count	138	196	1,678
			Rate	30.70	27.90	29.00
2011-2015		Count	133	212	1,732	
		Rate	28.50	29.00	29.10	
2012-2016		Count	133	210	1,728	
		Rate				

	2013-2017	Rate	27.70	27.30	28.30
		Count	124	213	1,746
	2014-2018	Rate	24.40	26.70	27.80
		Count	130	216	1,750
	2015-2019	Rate	24.60	25.90	27.00
		Count	141	226	1,799
American Indian, non-Hispanic	2010-2014	Count	1	1	43
		Rate			15.00
	2011-2015	Count	1	0	51
		Rate			16.90
	2012-2016	Count	0	0	64
		Rate			20.20
	2013-2017	Count	0	0	67
		Rate			20.20
	2014-2018	Count	0	1	70
		Rate			20.50
	2015-2019	Count	0	1	79
		Rate			22.20
Hispanic	2010-2014	Count	12	13	74
		Rate			9.10
	2011-2015	Count	9	11	83
		Rate			9.90
	2012-2016	Count	10	15	94
		Rate			9.90
	2013-2017	Count	10	19	104
		Rate			10.60
	2014-2018	Count	13	18	120
		Rate			11.40
	2015-2019	Count	14	21	132
		Rate		10.40	11.60
Other Races, non-Hispanic	2010-2014	Count	12	6	51
		Rate			11.60
	2011-2015	Count	16	8	65
		Rate			13.50
	2012-2016	Count	16	9	70
		Rate			13.20
	2013-2017	Count	17	11	73
		Rate			12.50
	2014-2018	Count	18	13	81
		Rate			12.40
	2015-2019	Count	12	13	79
		Rate			11.10
White, non-Hispanic	2010-2014	Count	352	304	4,645
		Rate	20.90	20.00	20.30
	2011-2015	Count	361	314	4,622

	2012-2016	Rate	20.70	20.10	19.70	
		Count	359	309	4,607	
	2013-2017	Rate	20.00	19.20	19.40	
		Count	367	316	4,738	
	2014-2018	Rate	19.80	19.20	19.60	
		Count	375	319	4,859	
	2015-2019	Rate	19.60	18.90	19.70	
		Count	388	306	4,839	
			Rate	19.50	17.50	19.20

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data

Colon, Rectum and Anus Cancer Mortality Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina		
Colon, Rectum, and Anus Cancer Mortality	All Race/Ethnicity	2010-2014	Count	478	511	7,632		
			Rate	12.30	12.60	14.30		
		2011-2015	Count	478	535	7,810		
			Rate	11.60	12.50	14.20		
		2012-2016	Count	505	517	7,926		
			Rate	11.70	11.60	14.00		
		2013-2017	Count	520	519	7,942		
			Rate	11.60	11.20	13.70		
		2014-2018	Count	518	533	8,097		
			Rate	11.10	11.20	13.60		
		2015-2019	Count	504	558	8,135		
			Rate	10.30	11.40	13.30		
		Colon, Rectum, and Anus Cancer Mortality by Race	African American, non-Hispanic	2010-2014	Count	141	195	1,907
					Rate	21.70	20.10	20.30
2011-2015	Count			145	195	1,925		
	Rate			20.50	18.30	19.70		
2012-2016	Count			152	178	1,918		
	Rate			20.80	15.40	18.90		
2013-2017	Count			147	187	1,930		
	Rate			19.40	15.30	18.40		
2014-2018	Count			146	187	1,933		
	Rate			17.90	14.30	17.80		
2015-2019	Count			126	201	1,930		
	Rate			15.30	15.10	17.30		
American Indian, non-Hispanic	2010-2014		Count	1	0	65		
			Rate			12.90		
	2011-2015		Count	1	0	68		
			Rate			13.10		
	2012-2016		Count	1	0	74		
			Rate			13.10		
		Count	1	0	82			

		2013-2017	Rate			14.20	
		2014-2018	Count	0	0	85	
			Rate			14.60	
		2015-2019	Count	0	0	86	
			Rate			14.40	
		Hispanic	2010-2014	Count	7	9	62
				Rate			4.80
			2011-2015	Count	8	9	60
				Rate			4.10
			2012-2016	Count	11	10	80
				Rate			5.00
			2013-2017	Count	19	12	98
				Rate			6.00
			2014-2018	Count	24	14	117
				Rate	12.20		6.90
		2015-2019	Count	24	14	126	
			Rate	11.10		6.90	
		Other Races, non-Hispanic	2010-2014	Count	8	5	48
				Rate			6.30
			2011-2015	Count	7	11	56
				Rate			7.20
			2012-2016	Count	12	13	67
				Rate			8.00
			2013-2017	Count	14	14	74
				Rate			8.20
		2014-2018	Count	13	19	82	
			Rate			8.20	
		White, non-Hispanic	2010-2014	Count	321	302	5,550
				Rate	11.00	11.00	13.40
			2011-2015	Count	317	320	5,701
Rate	10.40			11.30	13.40		
2012-2016	Count		329	316	5,787		
	Rate		10.30	10.80	13.30		
2013-2017	Count		339	306	5,758		
	Rate		10.20	10.30	13.00		
2014-2018	Count	335	313	5,880			
	Rate	9.80	10.30	13.00			
2015-2019	Count	340	324	5,905			
	Rate	9.50	10.40	12.80			
Colon, Rectum, and Anus Cancer Mortality by Sex	Female	2010-2014	Count	232	238	3,619	
			Rate	10.50	10.00	11.90	
		2011-2015	Count	221	259	3,735	
			Rate	9.50	10.40	11.90	

		2012-2016	Count	230	253	3,787
			Rate	9.50	9.70	11.80
		2013-2017	Count	227	262	3,794
			Rate	9.00	9.80	11.50
		2014-2018	Count	231	284	3,876
			Rate	8.80	10.30	11.50
	Male	2015-2019	Count	218	297	3,905
			Rate	8.00	10.50	11.40
		2010-2014	Count	246	273	4,013
			Rate	14.80	16.50	17.40
		2011-2015	Count	257	276	4,075
			Rate	14.70	15.70	17.10
		2012-2016	Count	275	264	4,139
			Rate	14.90	14.40	16.80
		2013-2017	Count	293	257	4,148
			Rate	15.30	13.30	16.40
		2014-2018	Count	287	249	4,221
			Rate	14.20	12.30	16.10
2015-2019	Count	286	261	4,230		
	Rate	13.50	12.50	15.70		

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Pancreas Cancer Mortality Count and Rate per 100,000 populations

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina
Pancreas Cancer Mortality	All Race/Ethnicity	2010-2014	Count	391	434	5,817
			Rate	10.30	10.90	10.70
		2011-2015	Count	419	429	6,055
			Rate	10.70	10.40	10.90
		2012-2016	Count	445	450	6,318
			Rate	10.80	10.40	11.00
		2013-2017	Count	474	458	6,507
			Rate	10.80	10.20	11.00
		2014-2018	Count	489	469	6,684
			Rate	10.50	10.10	11.00
		2015-2019	Count	515	489	6,867
			Rate	10.50	10.10	10.90
Pancreas Cancer Mortality by Race	African American, non-Hispanic	2010-2014	Count	81	133	1,301
			Rate	12.60	13.20	13.80
		2011-2015	Count	92	132	1,356
			Rate	13.70	12.50	13.90
		2012-2016	Count	96	136	1,422
			Rate	13.40	12.00	14.10
	Count	105	135	1,454		

		2013-2017	Rate	13.60	10.90	13.90
		2014-2018	Count	115	151	1,486
			Rate	13.80	11.80	13.60
		2015-2019	Count	123	166	1,553
			Rate	13.90	12.20	13.70
		American Indian, non-Hispanic	2010-2014	Count	2	1
	Rate					10.80
	2011-2015		Count	3	1	57
			Rate			11.10
	2012-2016		Count	4	1	63
			Rate			11.90
	2013-2017		Count	3	0	58
			Rate			10.20
	2014-2018		Count	3	0	66
			Rate			11.20
	2015-2019	Count	3	0	71	
		Rate			11.70	
	Hispanic	2010-2014	Count	6	10	59
			Rate			5.10
		2011-2015	Count	9	8	64
			Rate			5.10
		2012-2016	Count	6	9	72
			Rate			5.40
		2013-2017	Count	7	12	93
			Rate			6.70
		2014-2018	Count	9	13	98
			Rate			6.60
2015-2019	Count	12	17	111		
	Rate			6.50		
Other Races, non-Hispanic	2010-2014	Count	7	10	46	
		Rate			7.00	
	2011-2015	Count	6	10	56	
		Rate			7.70	
	2012-2016	Count	6	12	54	
		Rate			6.80	
	2013-2017	Count	7	12	66	
		Rate			7.80	
	2014-2018	Count	13	7	67	
		Rate			7.30	
2015-2019	Count	16	8	69		
	Rate			6.80		
		Count	295	280	4,356	

	White, non-Hispanic	2010-2014	Rate	10.20	10.40	10.30		
		2011-2015	Count	309	278	4,522		
			Rate	10.40	10.00	10.40		
		2012-2016	Count	333	292	4,707		
			Rate	10.80	10.20	10.50		
		2013-2017	Count	352	299	4,836		
			Rate	10.70	10.20	10.60		
		2014-2018	Count	349	298	4,967		
			Rate	10.10	9.90	10.60		
		2015-2019	Count	361	298	5,063		
			Rate	10.00	9.70	10.50		
		Pancreas Cancer Mortality by Sex	Female	2010-2014	Count	193	207	2,812
					Rate	9.00	9.10	9.20
				2011-2015	Count	199	213	2,933
Rate	8.90				9.00	9.30		
2012-2016	Count			211	226	3,050		
	Rate			9.00	9.10	9.40		
2013-2017	Count			227	231	3,132		
	Rate			9.10	8.90	9.40		
2014-2018	Count		226	240	3,210			
	Rate		8.70	9.00	9.40			
Male	2010-2014		Count	198	227	3,005		
			Rate	11.90	13.10	12.70		
	2011-2015		Count	220	216	3,122		
			Rate	12.90	12.00	12.70		
	2012-2016	Count	234	224	3,268			
		Rate	13.10	12.00	12.90			
2013-2017	Count	247	227	3,375				
	Rate	12.80	11.90	13.00				
2014-2018	Count	263	229	3,474				
	Rate	12.90	11.50	12.90				
2015-2019	Count	281	233	3,530				
	Rate	13.00	11.20	12.70				

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Prostate Cancer Mortality Count and Rate per 100,000 Population

Indicator	Year	Data Type	Wake	Mecklenburg	North Carolina	
Prostate Cancer Mortality	All Race/Ethnicity	2010-2014	Count	310	330	4,338
			Rate	24.10	24.20	21.40
			Count	305	316	4,328

		2011-2015	Rate	22.40	21.60	20.50
		2012-2016	Count	318	332	4,410
			Rate	21.90	21.40	20.10
		2013-2017	Count	306	337	4,477
			Rate	19.60	20.80	19.70
		2014-2018	Count	324	341	4,654
			Rate	19.50	20.40	19.70
		2015-2019	Count	344	354	4,786
			Rate	19.60	20.30	19.50
Prostate Cancer Mortality by Race	African American, non-Hispanic	2010-2014	Count	99	136	1,305
			Rate	56.10	48.40	44.20
		2011-2015	Count	90	124	1,254
			Rate	48.30	38.80	40.50
		2012-2016	Count	92	133	1,260
			Rate	44.50	39.00	39.10
		2013-2017	Count	95	137	1,292
			Rate	41.20	38.20	38.20
	2014-2018	Count	101	144	1,381	
		Rate	40.50	40.00	39.10	
	American Indian, non-Hispanic	2010-2014	Count	1	0	50
			Rate			32.80
		2011-2015	Count	1	0	50
			Rate			30.10
		2012-2016	Count	1	0	51
			Rate			28.50
		2013-2017	Count	1	0	49
			Rate			25.50
	2014-2018	Count	0	0	42	
		Rate			23.10	
	Hispanic	2010-2014	Count	3	6	33
			Rate			9.60
		2011-2015	Count	1	4	37
			Rate			8.30
2012-2016		Count	3	3	34	
		Rate			6.80	
2013-2017		Count	3	7	47	
		Rate			9.30	
2014-2018	Count	3	6	49		
	Rate			9.10		
2015-2019	Count	4	8	54		
	Rate			9.30		

	Other Races, non-Hispanic	2010-2014	Count	4	0	11
			Rate			
		2011-2015	Count	4	0	12
			Rate			
		2012-2016	Count	4	1	15
			Rate			
		2013-2017	Count	5	1	19
			Rate			
	2014-2018	Count	7	3	23	
		Rate			7.20	
	2015-2019	Count	11	6	33	
		Rate			9.00	
	White, non-Hispanic	2010-2014	Count	203	188	2,939
			Rate	19.70	19.40	17.90
		2011-2015	Count	209	188	2,975
			Rate	19.30	18.30	17.50
2012-2016		Count	218	195	3,050	
		Rate	19.10	17.90	17.20	
2013-2017		Count	202	192	3,070	
		Rate	16.70	17.10	16.80	
2014-2018	Count	213	188	3,159		
	Rate	16.70	16.20	16.70		
2015-2019	Count	213	185	3,213		
	Rate	15.90	15.40	16.50		

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Lung Cancer Mortality Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina
Trachea, Bronchus, and Lung Cancer Mortality	All Race/Ethnicity	2010-2014	Count	1,391	1,556	27,591
			Rate	36.90	39.60	50.60
		2011-2015	Count	1,406	1,536	27,549
			Rate	35.90	37.30	48.90
		2012-2016	Count	1,418	1,533	27,615
			Rate	34.40	35.60	47.50
		2013-2017	Count	1,421	1,530	27,449
			Rate	32.50	34.20	45.90
		2014-2018	Count	1,424	1,507	27,132
			Rate	31.20	32.60	44.10
Trachea, Bronchus, and Lung Cancer Mortality by Race	African American, non-Hispanic	2010-2014	Count	292	511	4,888
			Rate	43.90	49.90	50.70
		2011-2015	Count	284	485	4,839
			Rate	41.10	44.70	48.10

		2012-2016	Count	290	490	4,838
			Rate	38.80	42.30	46.30
		2013-2017	Count	294	481	4,777
			Rate	37.70	39.20	44.40
		2014-2018	Count	294	483	4,716
			Rate	35.50	37.90	42.30
	American Indian, non-Hispanic	2015-2019	Count	299	485	4,687
			Rate	34.40	37.00	40.80
		2010-2014	Count	1	4	273
			Rate			53.00
		2011-2015	Count	1	4	269
			Rate			49.70
	Hispanic	2012-2016	Count	1	4	289
			Rate			51.20
		2013-2017	Count	3	3	291
			Rate			49.70
		2014-2018	Count	4	3	310
			Rate			50.60
	Other Races, non-Hispanic	2015-2019	Count	4	5	324
			Rate			51.20
		2010-2014	Count	9	16	112
			Rate			10.30
		2011-2015	Count	15	24	133
			Rate		15.50	11.10
	Hispanic	2012-2016	Count	19	23	168
			Rate		13.50	13.10
		2013-2017	Count	23	25	179
			Rate	19.40	13.60	13.40
2014-2018		Count	25	28	195	
		Rate	19.80	13.80	14.10	
Other Races, non-Hispanic	2015-2019	Count	30	28	213	
		Rate	20.80	12.50	13.70	
	2010-2014	Count	20	36	157	
		Rate	13.70	25.20	22.70	
	2011-2015	Count	18	39	171	
		Rate		27.10	23.50	
Other Races, non-Hispanic	2012-2016	Count	27	38	181	
		Rate	16.40	25.60	23.50	
	2013-2017	Count	31	39	184	
		Rate	17.00	24.70	21.90	
	2014-2018	Count	33	40	198	
		Rate	15.50	23.50	22.00	
		Count	35	38	212	

	White, non-Hispanic	2015-2019	Rate	15.10	20.80	21.60
		2010-2014	Count	1,069	989	22,161
			Rate	37.50	37.60	52.00
		2011-2015	Count	1,088	984	22,137
			Rate	36.80	36.10	50.50
		2012-2016	Count	1,081	978	22,139
			Rate	34.80	34.70	49.10
		2013-2017	Count	1,070	982	22,018
			Rate	32.60	33.90	47.70
		2014-2018	Count	1,068	953	21,713
			Rate	31.40	32.00	45.90
		2015-2019	Count	1,032	918	21,210
			Rate	29.10	30.00	43.60
		Trachea, Bronchus, and Lung Cancer Mortality by Sex	Female	2010-2014	Count	618
Rate	29.20				32.90	37.90
2011-2015	Count			635	732	11,639
	Rate			28.50	30.80	37.00
2012-2016	Count			641	736	11,810
	Rate			27.10	29.80	36.50
2013-2017	Count			646	723	11,837
	Rate		25.90	28.20	35.60	
Male	2010-2014		Count	773	811	16,051
			Rate	47.50	48.80	67.60
	2011-2015		Count	771	804	15,910
			Rate	46.30	46.60	64.70
	2012-2016		Count	777	797	15,805
			Rate	44.40	44.20	62.10
	2013-2017	Count	775	807	15,612	
Rate		41.50	43.00	59.70		
2014-2018	Count	766	815	15,286		
	Rate	38.90	42.20	56.50		
2015-2019	Count	733	793	14,871		
	Rate	35.70	39.70	53.40		

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Pneumonia and Influenza Mortality Count and Rate per 100,000 Population

Indicator	Year	Data Type	Wake	Mecklenburg	North Carolina
		Count	371	530	9,011

Pneumonia and Influenza Mortality	All Race/Ethnicity	2010-2014	Rate	10.60	14.00	17.60		
		2011-2015	Count	389	599	9,427		
			Rate	10.70	15.20	17.80		
		2012-2016	Count	399	603	9,707		
			Rate	10.40	14.70	17.80		
		2013-2017	Count	441	608	9,887		
			Rate	10.80	14.40	17.60		
		2014-2018	Count	451	611	10,024		
			Rate	10.60	14.10	17.40		
		2015-2019	Count	436	586	9,888		
			Rate	9.80	13.10	16.70		
		Pneumonia and Influenza Mortality by Race	African American, non-Hispanic	2010-2014	Count	73	127	1,412
					Rate	12.90	15.10	16.20
				2011-2015	Count	70	144	1,469
Rate	11.40				15.70	16.20		
2012-2016	Count			72	155	1,600		
	Rate			10.80	15.70	17.10		
2013-2017	Count			84	153	1,693		
	Rate			11.50	14.60	17.50		
2014-2018	Count			84	156	1,713		
	Rate			11.10	14.30	17.10		
2015-2019	Count			81	150	1,717		
	Rate			10.10	12.90	16.60		
American Indian, non-Hispanic	2010-2014			Count	1	2	57	
				Rate			13.20	
	2011-2015		Count	1	2	60		
			Rate			12.20		
	2012-2016		Count	0	2	67		
			Rate			13.30		
	2013-2017		Count	0	2	80		
			Rate			15.60		
	2014-2018		Count	0	2	91		
			Rate			17.30		
	2015-2019		Count	0	3	96		
			Rate			17.40		
	Hispanic		2010-2014	Count	5	14	71	
				Rate			6.20	
2011-2015			Count	6	19	78		
			Rate			6.80		
2012-2016			Count	6	21	90		
			Rate		14.40	7.30		
2013-2017	Count	7	20	92				
Rate		12.90	7.20					

		2014-2018	Count	8	17	99
			Rate			7.20
		2015-2019	Count	7	15	96
			Rate			6.60
	Other Races, non-Hispanic	2010-2014	Count	4	8	50
			Rate			10.90
		2011-2015	Count	7	8	56
			Rate			10.80
		2012-2016	Count	7	9	62
			Rate			10.80
		2013-2017	Count	9	12	78
			Rate			11.80
		2014-2018	Count	10	11	83
			Rate			11.40
	2015-2019	Count	9	12	87	
		Rate			10.70	
	White, non-Hispanic	2010-2014	Count	288	379	7,421
			Rate	10.60	13.90	18.10
		2011-2015	Count	305	426	7,764
			Rate	10.70	15.00	18.40
2012-2016		Count	314	416	7,888	
		Rate	10.60	14.30	18.30	
2013-2017		Count	341	421	7,944	
		Rate	10.90	14.30	18.00	
2014-2018	Count	349	425	8,038		
	Rate	10.70	14.30	17.80		
2015-2019	Count	339	406	7,892		
	Rate	10.00	13.30	17.00		
Pneumonia and Influenza Mortality by Sex	Female	2010-2014	Count	212	294	4,978
			Rate	9.80	12.20	15.90
		2011-2015	Count	224	325	5,148
			Rate	10.00	13.00	16.00
		2012-2016	Count	226	322	5,273
			Rate	9.60	12.50	16.00
		2013-2017	Count	244	320	5,303
			Rate	9.80	12.10	15.80
	2014-2018	Count	245	310	5,287	
		Rate	9.50	11.50	15.40	
	2015-2019	Count	245	300	5,236	
		Rate	9.20	10.90	14.90	
	Male	2010-2014	Count	159	236	4,033
			Rate	11.90	17.20	20.20
		Count	165	274	4,279	

		2011-2015	Rate	11.50	18.80	20.50
		2012-2016	Count	173	281	4,434
			Rate	11.30	18.30	20.40
		2013-2017	Count	197	288	4,584
			Rate	12.10	18.20	20.40
		2014-2018	Count	206	301	4,737
			Rate	12.10	18.10	20.30
		2015-2019	Count	191	286	4,652
			Rate	10.60	16.50	19.20

North Carolina State Center for Health Statistics County Health Data Book, 5-year data

Cerebrovascular Disease Mortality Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina		
Cerebrovascular Disease Mortality	All Race/Ethnicity	2010-2014	Count	1,362	1,441	22,116		
			Rate	39.70	38.40	43.00		
		2011-2015	Count	1,412	1,513	22,863		
			Rate	39.10	38.70	43.10		
		2012-2016	Count	1,445	1,550	23,514		
			Rate	38.20	38.00	43.10		
		2013-2017	Count	1,546	1,630	24,232		
			Rate	38.60	38.60	43.20		
		2014-2018	Count	1,646	1,675	24,832		
			Rate	39.40	38.40	43.00		
		2015-2019	Count	1,771	1,713	25,344		
			Rate	40.60	37.90	42.70		
		Cerebrovascular Disease Mortality by Race	African American, non-Hispanic	2010-2014	Count	295	482	4,870
					Rate	51.30	55.80	55.80
2011-2015	Count			324	525	5,094		
	Rate			54.00	58.00	56.50		
2012-2016	Count			331	530	5,204		
	Rate			52.10	54.90	56.00		
2013-2017	Count			370	550	5,364		
	Rate			53.80	52.80	55.50		
2014-2018	Count			392	554	5,485		
	Rate			55.30	50.60	55.10		
2015-2019	Count			414	567	5,649		
	Rate			56.50	49.10	55.10		
American Indian, non-Hispanic	2010-2014			Count	6	2	158	
				Rate			37.20	
	2011-2015		Count	6	4	174		
			Rate			39.30		
	2012-2016		Count	4	7	181		
			Rate			39.50		
Count	3		7	195				

		2013-2017	Rate			40.50
		2014-2018	Count	1	7	197
			Rate			39.00
		2015-2019	Count	0	6	204
	Rate				39.40	
	Hispanic	2010-2014	Count	22	33	208
			Rate	15.70	20.20	19.30
		2011-2015	Count	23	39	231
			Rate	16.50	24.10	20.30
		2012-2016	Count	30	40	267
			Rate	21.40	20.30	21.70
		2013-2017	Count	38	39	284
			Rate	26.90	20.50	22.50
		2014-2018	Count	43	44	323
			Rate	28.90	21.20	23.20
		2015-2019	Count	46	52	335
			Rate	32.00	25.00	23.20
	Other Races, non-Hispanic	2010-2014	Count	25	33	167
			Rate	26.30	32.10	30.90
		2011-2015	Count	28	42	199
			Rate	26.60	42.40	34.80
		2012-2016	Count	31	46	227
			Rate	26.10	44.20	36.40
		2013-2017	Count	28	48	243
			Rate	20.40	40.90	34.70
		2014-2018	Count	27	53	268
			Rate	18.50	43.50	35.20
	2015-2019	Count	36	57	292	
Rate		21.30	44.80	34.90		
White, non-Hispanic	2010-2014	Count	1,014	891	16,713	
		Rate	38.00	33.10	40.60	
	2011-2015	Count	1,031	903	17,165	
		Rate	36.80	32.30	40.60	
	2012-2016	Count	1,049	927	17,635	
		Rate	35.80	32.10	40.60	
	2013-2017	Count	1,107	986	18,146	
		Rate	36.00	33.60	40.80	
	2014-2018	Count	1,183	1,017	18,559	
		Rate	36.90	33.80	40.70	
2015-2019	Count	1,275	1,031	18,864		
	Rate	38.10	33.30	40.40		
Cerebrovascular Disease Mortality by Sex	Female	2010-2014	Count	784	867	13,060
			Rate	37.00	37.30	41.70
		2011-2015	Count	814	915	13,415
			Rate	36.90	38.00	41.70

	Male	2012-	Count	823	939	13,746
		2016	Rate	35.60	37.30	41.70
		2013-	Count	887	947	14,098
		2017	Rate	36.50	36.50	41.70
		2014-	Count	942	960	14,356
		2018	Rate	37.40	36.10	41.50
		2015-	Count	1,031	978	14,596
		2019	Rate	39.30	35.70	41.20
		2010-	Count	578	574	9,056
		2014	Rate	43.90	39.00	43.60
		2011-	Count	598	598	9,448
		2015	Rate	43.00	39.00	43.90
		2012-	Count	622	611	9,768
		2016	Rate	42.50	38.20	44.00
		2013-	Count	659	683	10,134
		2017	Rate	42.10	41.30	44.20
		2014-	Count	704	715	10,476
		2018	Rate	42.60	41.30	44.20
2015-	Count	740	735	10,748		
2019	Rate	42.20	40.30	43.70		

North Carolina State Center for Health Statistics County Health Data Book, 5-year data

Heart Disease Mortality Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina
Diseases of Heart Mortality	All Race/Ethnicity	2010-	Count	4,572	5,125	86,699
		2014	Rate	127.50	132.90	165.90
		2011-	Count	4,704	5,292	88,076
		2015	Rate	125.00	132.00	163.70
		2012-	Count	4,845	5,531	89,393
		2016	Rate	122.80	132.30	161.30
		2013-	Count	5,000	5,615	90,942
		2017	Rate	120.30	129.90	159.80
		2014-	Count	5,226	5,735	92,384
		2018	Rate	120.80	128.30	158.00
		2015-	Count	5,402	5,909	94,498
		2019	Rate	119.20	128.10	157.30
Diseases of Heart Mortality by Race	African American, non-Hispanic	2010-	Count	985	1,543	17,190
		2014	Rate	158.60	165.50	190.00
		2011-	Count	999	1,624	17,598
		2015	Rate	152.80	167.10	188.40
		2012-	Count	1,026	1,716	18,081
		2016	Rate	149.80	167.40	187.10
		2013-	Count	1,049	1,787	18,470
		2017	Rate	144.70	163.50	184.70
		Count	1,107	1,839	18,808	

		2014-2018	Rate	146.60	159.80	182.20
		2015-2019	Count	1,157	1,892	19,151
	American Indian, non-Hispanic	2010-2014	Rate	146.40	156.80	180.10
			Count	7	12	863
		2011-2015	Rate			190.40
			Count	5	13	901
		2012-2016	Rate			190.50
			Count	5	14	904
		2013-2017	Rate			182.00
			Count	5	17	928
		2014-2018	Rate			180.20
			Count	8	15	946
	2015-2019	Rate			176.90	
		Count	10	14	1,004	
	Hispanic	2010-2014	Rate			183.40
			Count	56	83	550
		2011-2015	Rate	55.40	60.90	52.70
			Count	59	95	632
		2012-2016	Rate	50.20	61.50	54.80
			Count	64	110	713
		2013-2017	Rate	49.80	63.50	56.60
			Count	86	117	792
		2014-2018	Rate	64.20	62.20	58.50
			Count	93	137	913
	2015-2019	Rate	66.70	65.40	61.80	
		Count	102	155	1,015	
	Other Races, non-Hispanic	2010-2014	Rate	67.30	68.80	63.70
			Count	61	73	397
		2011-2015	Rate	58.70	71.50	70.50
			Count	65	80	458
2012-2016		Rate	55.00	70.60	73.60	
		Count	80	94	516	
2013-2017		Rate	62.60	78.00	76.00	
		Count	93	110	570	
2014-2018		Rate	67.50	81.40	76.10	
		Count	101	115	618	
2015-2019	Rate	66.50	81.30	76.90		
	Count	118	119	679		
White, non-Hispanic	2010-2014	Rate	67.30	77.00	76.60	
		Count	3,463	3,414	67,699	
	2011-2015	Rate	125.30	125.50	163.80	
		Count	3,576	3,480	68,487	
	2012-2016	Rate	123.70	123.60	161.50	
		Count	3,670	3,597	69,179	
		Rate	121.50	123.40	159.00	

Diseases of Heart Mortality by Sex	Female	2013-2017	Count	3,767	3,584	70,182	
			Rate	118.70	121.00	157.60	
		2014-2018	Count	3,917	3,629	71,099	
			Rate	118.80	119.80	155.90	
		2015-2019	Count	4,015	3,729	72,649	
			Rate	116.60	120.10	155.40	
		Male	2010-2014	Count	2,262	2,417	40,889
			Rate	104.50	102.40	130.40	
	2011-2015		Count	2,318	2,476	41,527	
			Rate	102.00	101.10	129.10	
	2012-2016		Count	2,392	2,601	41,896	
			Rate	100.50	102.10	127.10	
		Male	2013-2017	Count	2,404	2,641	42,198
			Rate	96.60	100.90	125.10	
	2014-2018		Count	2,484	2,673	42,733	
			Rate	96.40	99.60	123.90	
	2015-2019		Count	2,556	2,756	43,632	
			Rate	95.30	100.20	123.60	
	Male	2010-2014	Count	2,310	2,708	45,810	
		Rate	158.80	176.00	212.30		
2011-2015		Count	2,386	2,816	46,549		
		Rate	155.40	176.30	208.40		
2012-2016		Count	2,453	2,930	47,497		
		Rate	152.20	176.20	205.70		
	Male	2013-2017	Count	2,596	2,974	48,744	
		Rate	151.60	171.60	204.80		
2014-2018		Count	2,742	3,062	49,651		
		Rate	153.60	169.10	202.20		
2015-2019		Count	2,846	3,153	50,866		
		Rate	151.10	167.80	200.50		

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data

Acute Myocardial Infarction Mortality Count and Rate per 100,000 Population

Indicator	Year	Data Type	Wake	Mecklenburg	North Carolina
Acute Myocardial Infarction Mortality	2010-2014	Count	735	803	17,787
		Rate	20.10	20.70	33.80
	2011-2015	Count	739	798	17,721
		Rate	19.10	19.70	32.60
	2012-2016	Count	753	810	17,571
		Rate	18.60	19.20	31.40
	2013-2017	Count	743	806	17,126
		Rate	17.50	18.30	29.70
	2014-2018	Count	767	824	16,873
		Rate	17.20	18.10	28.40

Acute Myocardial Infarction Mortality by Race		2015-2019	Count	740	836	16,686	
			Rate	15.80	17.70	27.30	
	African American, non-Hispanic	2010-2014	Count	168	197	3,313	
			Rate	26.80	21.50	37.50	
		2011-2015	Count	168	213	3,406	
			Rate	24.80	22.10	37.10	
		2012-2016	Count	171	220	3,440	
			Rate	24.20	21.30	36.20	
		2013-2017	Count	173	231	3,336	
			Rate	22.50	20.30	33.70	
		2014-2018	Count	184	237	3,338	
			Rate	22.90	20.10	32.50	
		2015-2019	Count	164	242	3,274	
			Rate	19.70	19.30	30.70	
		American Indian, non-Hispanic	2010-2014	Count	1	1	191
				Rate			41.20
	2011-2015		Count	1	1	200	
			Rate			41.10	
	2012-2016		Count	2	2	214	
			Rate			42.50	
	2013-2017		Count	1	2	223	
			Rate			42.50	
	2014-2018		Count	2	1	232	
			Rate			43.00	
	2015-2019		Count	2	1	240	
			Rate			44.20	
	Hispanic	2010-2014	Count	8	15	104	
			Rate			10.10	
		2011-2015	Count	12	15	129	
Rate					10.90		
2012-2016		Count	13	18	139		
		Rate			10.80		
2013-2017		Count	15	20	148		
		Rate		10.60	10.90		
2014-2018		Count	17	20	156		
		Rate		9.00	10.30		
2015-2019		Count	20	22	175		
		Rate	11.00	10.50	11.00		
Other Races, non-Hispanic	2010-2014	Count	10	19	88		
		Rate			14.40		
	2011-2015	Count	11	20	91		
		Rate		16.80	13.50		
	2012-2016	Count	13	22	99		
		Rate		17.90	13.30		
	2013-2017	Count	17	25	109		
		Rate		19.30	13.50		

		2014-2018	Count	21	24	114	
			Rate	12.70	17.80	13.20	
		2015-2019	Count	27	22	133	
			Rate	13.20	14.00	14.00	
		White, non-Hispanic	2010-2014	Count	548	571	14,091
				Rate	19.50	21.00	33.90
	2011-2015		Count	547	549	13,895	
			Rate	18.50	19.50	32.50	
	2012-2016		Count	554	548	13,679	
			Rate	18.00	18.90	31.20	
	2013-2017		Count	537	528	13,310	
			Rate	16.80	17.80	29.70	
	2014-2018	Count	543	542	13,033		
		Rate	16.30	17.80	28.30		
		2015-2019	Count	527	549	12,864	
			Rate	15.10	17.60	27.30	
	Acute Myocardial Infarction Mortality by Sex	Female	2010-2014	Count	314	352	7,973
				Rate	14.60	15.20	25.50
2011-2015			Count	314	348	7,930	
			Rate	13.80	14.40	24.70	
2012-2016			Count	313	354	7,824	
			Rate	13.20	14.30	23.80	
2013-2017			Count	303	362	7,566	
			Rate	12.30	14.10	22.50	
2014-2018			Count	319	372	7,366	
			Rate	12.40	14.10	21.40	
2015-2019			Count	302	375	7,160	
			Rate	11.30	13.80	20.30	
Male		2010-2014	Count	421	451	9,814	
			Rate	28.10	27.90	44.50	
		2011-2015	Count	425	450	9,791	
			Rate	26.80	26.40	42.70	
		2012-2016	Count	440	456	9,747	
			Rate	26.20	25.80	41.00	
		2013-2017	Count	440	444	9,560	
			Rate	24.70	23.80	38.90	
		2014-2018	Count	448	452	9,507	
			Rate	23.70	23.10	37.30	
		2015-2019	Count	438	461	9,526	
			Rate	21.80	22.50	36.20	

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data

Other Ischemic Heart Disease Count and Rate per 100,000 Population

Indicator	Year	Data Type	Wake	Mecklenburg	North Carolina
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Other Ischemic Heart Disease Mortality	All Race/Ethnicity	2010-2014	Count	1,822	1,799	34,814
			Rate	50.60	46.70	66.20
		2011-2015	Count	1,852	1,795	34,985
			Rate	49.00	45.00	64.60
		2012-2016	Count	1,847	1,756	35,014
			Rate	46.30	42.20	62.70
		2013-2017	Count	1,892	1,657	35,107
			Rate	44.60	38.40	61.20
		2014-2018	Count	1,927	1,585	35,054
			Rate	43.40	35.40	59.40
2015-2019	Count	1,953	1,574	35,315		
	Rate	41.90	34.10	58.10		
Other Ischemic Heart Disease Mortality by Race	African American, non-Hispanic	2010-2014	Count	346	467	6,322
			Rate	53.80	50.10	69.40
		2011-2015	Count	347	473	6,331
			Rate	52.10	48.10	67.20
		2012-2016	Count	347	468	6,398
			Rate	49.40	45.40	65.40
		2013-2017	Count	352	461	6,458
			Rate	47.00	42.20	63.80
		2014-2018	Count	359	453	6,441
			Rate	46.00	38.50	61.50
		2015-2019	Count	378	446	6,505
			Rate	46.40	35.80	60.20
	American Indian, non-Hispanic	2010-2014	Count	2	5	371
			Rate			81.10
		2011-2015	Count	1	5	385
			Rate			80.40
		2012-2016	Count	1	5	375
			Rate			73.40
		2013-2017	Count	1	8	383
			Rate			72.90
		2014-2018	Count	3	7	380
			Rate			70.00
		2015-2019	Count	3	8	413
			Rate			73.90
	Hispanic	2010-2014	Count	18	24	188
			Rate		16.90	19.10
		2011-2015	Count	17	28	209
			Rate		20.20	19.20
		2012-2016	Count	17	28	235
			Rate		18.80	19.10
		Count	21	31	259	

		2013-2017	Rate	13.50	19.20	19.00
		2014-2018	Count	25	39	312
			Rate	16.70	21.30	21.10
		2015-2019	Count	28	42	347
	Rate		16.10	20.40	20.90	
	Other Races, non-Hispanic	2010-2014	Count	29	22	157
			Rate	23.60	20.20	27.40
		2011-2015	Count	26	27	181
			Rate	17.30	25.20	28.30
		2012-2016	Count	27	31	194
			Rate	16.80	27.20	27.80
		2013-2017	Count	29	37	211
			Rate	19.10	26.60	27.10
		2014-2018	Count	28	33	213
			Rate	17.70	22.80	25.90
	2015-2019	Count	38	32	243	
		Rate	22.60	20.80	26.90	
	White, non-Hispanic	2010-2014	Count	1,427	1,281	27,776
			Rate	51.70	47.40	66.90
		2011-2015	Count	1,461	1,262	27,879
Rate			50.50	45.40	65.50	
2012-2016		Count	1,455	1,224	27,812	
		Rate	47.90	42.40	63.60	
2013-2017		Count	1,489	1,120	27,796	
		Rate	46.30	38.10	62.10	
2014-2018	Count	1,512	1,053	27,708		
	Rate	45.00	35.10	60.30		
2015-2019	Count	1,506	1,046	27,807		
	Rate	42.80	34.00	59.00		
Other Ischemic Heart Disease Mortality by Sex	Female	2010-2014	Count	770	729	14,321
			Rate	35.60	31.20	45.60
		2011-2015	Count	773	720	14,344
			Rate	34.10	29.80	44.50
		2012-2016	Count	766	693	14,182
			Rate	32.00	27.50	42.90
		2013-2017	Count	750	639	13,932
			Rate	29.90	24.60	41.10
	2014-2018	Count	751	600	13,814	
		Rate	29.00	22.40	39.90	
	2015-2019	Count	779	583	13,878	
		Rate	28.80	21.30	39.10	
	Male		Count	1,052	1,070	20,493

		2010-2014	Rate	71.80	69.60	94.10
		2011-2015	Count	1,079	1,075	20,641
			Rate	69.50	67.60	91.60
		2012-2016	Count	1,081	1,063	20,832
			Rate	66.20	64.20	89.30
		2013-2017	Count	1,142	1,018	21,175
			Rate	64.70	58.80	88.00
		2014-2018	Count	1,176	985	21,240
			Rate	63.50	54.50	85.40
		2015-2019	Count	1,174	991	21,437
			Rate	59.70	53.10	83.40

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data

Chronic Lower Respiratory Diseases Mortality Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina		
Chronic Lower Respiratory Diseases Mortality	All Race/Ethnicity	2010-2014	Count	1,072	1,142	24,042		
			Rate	31.70	31.50	46.00		
		2011-2015	Count	1,074	1,151	24,773		
			Rate	30.00	30.30	45.90		
		2012-2016	Count	1,103	1,234	25,385		
			Rate	29.30	31.20	45.60		
		2013-2017	Count	1,137	1,259	26,092		
			Rate	28.40	30.70	45.50		
		2014-2018	Count	1,171	1,301	26,470		
			Rate	27.90	30.60	44.70		
		2015-2019	Count	1,196	1,321	26,861		
			Rate	27.10	30.00	44.00		
		Chronic Lower Respiratory Diseases Mortality by Race	African American, non-Hispanic	2010-2014	Count	131	234	2,466
					Rate	22.70	27.00	27.90
2011-2015	Count			121	230	2,520		
	Rate			19.50	25.10	27.30		
2012-2016	Count			127	261	2,645		
	Rate			19.10	26.60	27.60		
2013-2017	Count			142	280	2,772		
	Rate			19.80	26.50	27.80		
2014-2018	Count			162	301	2,899		
	Rate			22.00	26.60	28.00		
2015-2019	Count			160	308	3,020		
	Rate			20.50	26.20	28.30		
2010-2014	Count			2	1	175		
	Rate					40.80		

	American Indian, non-Hispanic	2011-2015	Count	3	1	196
			Rate			42.80
		2012-2016	Count	3	0	211
			Rate			43.80
		2013-2017	Count	2	0	228
			Rate			44.80
	2014-2018	Count	3	0	245	
		Rate			45.50	
	2015-2019	Count	3	0	250	
		Rate			43.40	
	Hispanic	2010-2014	Count	11	13	71
			Rate			8.70
		2011-2015	Count	9	16	78
			Rate			8.30
		2012-2016	Count	8	21	87
			Rate		14.30	8.60
		2013-2017	Count	9	20	95
			Rate		12.80	8.70
	2014-2018	Count	8	17	101	
		Rate			8.50	
	2015-2019	Count	7	17	117	
		Rate			8.90	
	Other Races, non-Hispanic	2010-2014	Count	8	10	56
			Rate			11.30
		2011-2015	Count	10	10	69
			Rate			11.80
		2012-2016	Count	10	12	81
		Rate			12.50	
2013-2017		Count	11	14	91	
		Rate			13.00	
2014-2018	Count	9	15	94		
	Rate			12.60		
2015-2019	Count	9	13	91		
	Rate			11.00		
White, non-Hispanic	2010-2014	Count	920	884	21,274	
		Rate	34.80	34.10	51.00	
	2011-2015	Count	931	894	21,910	
		Rate	33.40	33.40	51.10	
	2012-2016	Count	955	940	22,361	
		Rate	32.70	34.00	50.70	
2013-2017	Count	973	945	22,906		
	Rate	31.50	33.40	50.60		
	Count	989	968	23,131		

			2014-2018	Rate	30.60	33.40	49.80
			2015-2019	Count	1,017	983	23,383
Chronic Respiratory Mortality by Sex	Lower Diseases	Female	2010-2014	Count	649	629	12,910
			Rate	31.50	28.50	42.20	
			2011-2015	Count	649	633	13,273
			Rate	30.00	27.50	42.30	
			2012-2016	Count	657	682	13,509
			Rate	28.80	28.70	41.80	
			2013-2017	Count	668	713	13,877
			Rate	27.90	29.20	41.90	
			2014-2018	Count	664	739	14,024
	Rate	26.50	29.10	41.10			
	2015-2019	Count	682	754	14,326		
	Rate	26.30	28.60	40.80			
	Male	2010-2014	Count	423	513	11,132	
		Rate	32.10	36.60	52.30		
		2011-2015	Count	425	518	11,500	
		Rate	30.20	35.10	51.80		
		2012-2016	Count	446	552	11,876	
		Rate	30.20	35.30	51.50		
2013-2017		Count	469	546	12,215		
Rate		29.30	33.50	51.20			
2014-2018		Count	507	562	12,446		
Rate	30.10	33.50	50.40				
2015-2019	Count	514	567	12,535			
Rate	28.70	32.40	48.90				

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data

Kidney Disease Mortality Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina
Nephritis, Nephrotic Syndrome, and Nephrosis Mortality	All Race/Ethnicity	2010-2014	Count	427	658	8,813
			Rate	12.20	17.40	17.00
		2011-2015	Count	419	694	8,749
			Rate	11.40	17.40	16.30
		2012-2016	Count	474	719	9,046
			Rate	12.20	17.40	16.40
		2013-2017	Count	522	767	9,435
			Rate	12.60	17.90	16.60
		2014-2018	Count	529	794	9,591
			Rate	12.10	17.90	16.40
		2015-2019	Count	598	804	9,922

			Rate	13.10	17.60	16.50
Nephritis, Nephrotic Syndrome, and Nephrosis Mortality by Race	African American, non-Hispanic	2010-2014	Count	171	331	2,910
			Rate	29.90	37.30	32.90
		2011-2015	Count	166	365	2,864
			Rate	27.90	38.00	31.20
		2012-2016	Count	182	385	2,941
			Rate	29.10	38.40	31.00
		2013-2017	Count	211	421	3,090
			Rate	31.50	39.40	31.60
		2014-2018	Count	206	439	3,172
			Rate	28.40	39.50	31.30
		2015-2019	Count	240	439	3,348
			Rate	31.20	37.90	32.10
	American Indian, non-Hispanic	2010-2014	Count	0	1	100
			Rate			24.50
		2011-2015	Count	0	1	93
			Rate			20.70
		2012-2016	Count	0	0	96
			Rate			19.60
		2013-2017	Count	0	0	101
			Rate			19.30
		2014-2018	Count	0	1	108
			Rate			19.30
		2015-2019	Count	0	2	106
			Rate			18.80
	Hispanic	2010-2014	Count	5	14	88
			Rate			9.10
		2011-2015	Count	9	15	95
			Rate			8.60
		2012-2016	Count	11	15	102
			Rate			8.20
		2013-2017	Count	16	18	110
			Rate			8.20
		2014-2018	Count	17	23	123
			Rate		11.00	8.40
		2015-2019	Count	19	27	143
			Rate		11.50	9.30
Other Races, non-Hispanic	2010-2014	Count	4	10	48	
		Rate			8.80	
	2011-2015	Count	3	13	61	
		Rate			11.10	
	2012-2016	Count	4	14	66	
		Rate			10.50	
	2013-2017	Count	7	15	81	
		Rate				

			Rate			11.60	
		2014-2018	Count	11	14	95	
			Rate			12.00	
		2015-2019	Count	10	17	94	
			Rate			10.60	
		White, non-Hispanic	2010-2014	Count	247	302	5,667
	Rate			9.20	11.50	13.80	
	2011-2015		Count	241	300	5,636	
			Rate	8.50	11.20	13.30	
	2012-2016		Count	277	305	5,841	
			Rate	9.30	11.00	13.40	
	2013-2017		Count	288	313	6,053	
			Rate	9.20	11.10	13.60	
	2014-2018		Count	295	317	6,093	
			Rate	9.00	10.90	13.40	
	2015-2019		Count	329	319	6,231	
			Rate	9.70	10.70	13.30	
	Nephritis, Nephrotic Syndrome, and Nephrosis Mortality by Sex	Female	2010-2014	Count	221	330	4,508
Rate				10.40	14.70	14.60	
2011-2015			Count	210	364	4,414	
			Rate	9.40	15.40	13.90	
2012-2016			Count	247	382	4,566	
			Rate	10.60	15.40	14.10	
2013-2017			Count	277	404	4,806	
			Rate	11.30	15.80	14.50	
2014-2018			Count	282	417	4,805	
			Rate	11.00	15.80	14.10	
2015-2019			Count	316	413	4,933	
			Rate	11.90	15.20	14.20	
Male		2010-2014	Count	206	328	4,305	
			Rate	15.20	22.20	20.60	
		2011-2015	Count	209	330	4,335	
			Rate	14.80	21.00	20.00	
		2012-2016	Count	227	337	4,480	
			Rate	14.90	20.70	19.80	
	2013-2017	Count	245	363	4,629		
		Rate	14.80	21.30	19.90		
	2014-2018	Count	247	377	4,786		
		Rate	14.10	21.20	19.80		
	2015-2019	Count	282	391	4,989		
		Rate	15.20	20.90	19.90		

North Carolina State Center for Health Statistics County Health Data Book, 5-year data

Diabetes Mortality Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina		
Diabetes Mellitus Mortality	All Race/Ethnicity	2010-2014	Count	621	661	11,798		
			Rate	16.40	16.30	22.10		
		2011-2015	Count	664	711	12,505		
			Rate	16.60	16.90	22.80		
		2012-2016	Count	729	750	13,042		
			Rate	17.40	17.10	23.00		
		2013-2017	Count	783	809	13,549		
			Rate	17.50	17.60	23.30		
		2014-2018	Count	807	859	14,170		
			Rate	17.20	18.00	23.70		
		2015-2019	Count	830	926	14,612		
			Rate	17.00	18.80	23.80		
		Diabetes Mellitus Mortality by Race	African American, non-Hispanic	2010-2014	Count	257	341	3,961
					Rate	41.00	34.70	43.30
2011-2015	Count			263	370	4,144		
	Rate			39.50	36.20	43.70		
2012-2016	Count			285	403	4,334		
	Rate			40.70	37.50	44.00		
2013-2017	Count			314	419	4,490		
	Rate			41.20	35.60	43.70		
2014-2018	Count			315	444	4,674		
	Rate			39.80	35.50	44.00		
2015-2019	Count			323	489	4,811		
	Rate			39.60	37.10	43.80		
American Indian, non-Hispanic	2010-2014		Count	2	2	219		
			Rate			46.00		
	2011-2015		Count	3	2	227		
			Rate			45.70		
	2012-2016		Count	5	1	232		
			Rate			45.00		
	2013-2017		Count	6	0	226		
			Rate			41.60		
	2014-2018		Count	5	0	226		
			Rate			40.40		
	2015-2019		Count	6	0	212		
			Rate			36.60		
Hispanic	2010-2014		Count	11	8	117		
			Rate			9.30		
	2011-2015		Count	14	9	136		
			Rate			10.10		
	2012-2016		Count	18	13	162		
			Rate			11.30		
	Count	22	20	185				

	Other Races, non-Hispanic	2013-2017	Rate	14.80	8.50	12.10
		2014-2018	Count	22	22	204
			Rate	13.20	8.20	12.10
		2015-2019	Count	22	27	226
			Rate	11.20	9.20	12.60
		2010-2014	Count	5	10	69
			Rate			11.90
		2011-2015	Count	7	16	81
			Rate			12.30
		2012-2016	Count	9	15	102
			Rate			14.30
		2013-2017	Count	11	16	111
	Rate				13.90	
	2014-2018	Count	20	15	126	
		Rate	11.70		14.30	
	2015-2019	Count	22	19	130	
		Rate	11.30		13.10	
	White, non-Hispanic	2010-2014	Count	346	300	7,432
			Rate	12.10	11.00	17.90
		2011-2015	Count	377	314	7,917
Rate			12.60	11.20	18.60	
2012-2016		Count	412	318	8,212	
		Rate	13.10	10.90	18.80	
2013-2017		Count	430	354	8,537	
		Rate	12.90	12.00	19.10	
2014-2018		Count	445	378	8,940	
		Rate	12.80	12.50	19.60	
2015-2019		Count	457	391	9,233	
		Rate	12.60	12.70	19.80	
Diabetes Mellitus Mortality by Sex	Female	2010-2014	Count	292	304	5,701
			Rate	13.30	13.10	18.70
		2011-2015	Count	307	333	5,961
			Rate	13.40	13.60	19.00
		2012-2016	Count	339	346	6,149
			Rate	14.20	13.60	19.10
	2013-2017	Count	366	369	6,266	
		Rate	14.40	14.10	19.10	
	Male	2014-2018	Count	375	382	6,364
			Rate	14.30	14.00	19.00
		2015-2019	Count	388	401	6,498
			Rate	14.10	14.20	18.90
2010-2014		Count	329	357	6,097	
		Rate	20.10	21.10	26.40	
2011-2015	Count	357	378	6,544		
	Rate	20.70	21.60	27.40		

2012-2016	Count	390	404	6,893
	Rate	21.70	22.00	27.90
2013-2017	Count	417	440	7,283
	Rate	21.30	22.30	28.50
2014-2018	Count	432	477	7,806
	Rate	21.00	23.50	29.60
2015-2019	Count	442	525	8,114
	Rate	20.60	25.00	29.90

North Carolina State Center for Health Statistics County Health Data Book, 5-year data

Infant Mortality Trend by Race and Rate per 100,000 Population

		Year	Data Type	Wake	Mecklenburg	North Carolina
Hispanic	2015	Count	9	9	98	
		Rate	4.60	3.10	5.40	
	2016	Count	7	12	111	
		Rate	3.50	4.10	6.00	
	2017	Count	14	11	106	
		Rate	7.00	3.80	5.70	
	2018	Count	10	8	88	
		Rate	4.90	2.70	4.80	
	2019	Count	14	25	107	
		Rate	6.70	8.00	5.60	
	Non-hisp American Indian	2015	Count	0	0	8
			Rate	0.00	0.00	4.90
2016		Count	0	0	12	
		Rate	0.00	0.00	7.60	
2017		Count	0	0	20	
		Rate	0.00	0.00	12.60	
2018		Count	0	1	15	
		Rate	0.00	31.30	9.30	
2019		Count	0	0	19	
		Rate	0.00	0.00	12.00	
Non-Hispanic African American		2015	Count	33	47	360
			Rate	11.40	9.90	12.50
	2016	Count	38	65	380	
		Rate	13.60	13.80	13.40	
	2017	Count	31	41	361	
		Rate	11.40	8.80	12.50	
	2018	Count	33	44	350	
		Rate	12.30	9.40	12.20	
	2019	Count	38	44	363	
		Rate	13.00	9.80	12.50	
	Non-Hispanic Other	2015	Count	4	8	33

	2016	Rate	3.60	5.80	6.20
		Count	5	10	35
	2017	Rate	3.80	7.20	6.20
		Count	14	2	39
	2018	Rate	11.10	1.30	6.70
		Count	3	5	28
2019	Rate	2.20	3.70	5.00	
	Count	6	0	21	
Non-Hispanic White	2015	Count	27	27	385
		Rate	3.90	4.70	5.70
	2016	Count	21	17	335
		Rate	3.00	2.90	5.00
	2017	Count	13	17	326
		Rate	1.90	3.00	5.00
2018	Count	21	17	325	
	Rate	3.20	3.00	5.00	
2019	Count	16	21	300	
	Rate	2.50	3.90	4.70	
All Race/Ethnicity	2015	Count	73	91	884
		Rate	5.70	6.10	7.30
	2016	Count	71	104	873
		Rate	5.50	7.00	7.20
	2017	Count	72	71	852
		Rate	5.70	4.80	7.10
2018	Count	67	75	806	
	Rate	5.30	5.10	6.80	
2019	Count	74	90	810	
	Rate	5.80	6.30	6.80	

North Carolina State Center for Health Statistics, 1-year data

Chronic Liver Disease and Cirrhosis Mortality Count and Rate per 100,000 Population

Indicator	Year	Data Type	Wake	Mecklenburg	North Carolina	
Chronic Liver Disease and Cirrhosis Mortality	All Race/Ethnicity	2010-2014	Count	249	335	5,378
		Rate	5.70	7.50	9.70	
	2011-2015	Count	273	363	5,702	
		Rate	5.90	7.70	10.10	
	2012-2016	Count	302	392	5,930	
		Rate	6.20	8.00	10.30	
	2013-2017	Count	305	402	6,116	
		Rate	6.00	7.90	10.30	
	2014-2018	Count	327	408	6,265	
		Rate	6.30	7.90	10.40	

Chronic Liver Disease and Cirrhosis Mortality by Race		2015-2019	Count	352	420	6,532	
			Rate	6.50	7.90	10.60	
	African American, non-Hispanic	2010-2014	Count	43	78	798	
			Rate	5.20	6.00	7.30	
		2011-2015	Count	45	83	832	
			Rate	5.10	6.10	7.30	
		2012-2016	Count	54	94	859	
			Rate	5.70	6.60	7.40	
		2013-2017	Count	59	103	918	
			Rate	5.60	6.80	7.60	
		2014-2018	Count	59	104	932	
			Rate	5.40	6.70	7.60	
		2015-2019	Count	54	106	936	
			Rate	4.90	6.50	7.50	
		American Indian, non-Hispanic	2010-2014	Count	1	1	65
				Rate			11.20
	2011-2015		Count	1	1	74	
			Rate			12.70	
	2012-2016		Count	0	2	89	
			Rate			14.80	
	2013-2017		Count	0	2	97	
			Rate			15.60	
	2014-2018		Count	0	2	107	
			Rate			16.80	
	2015-2019		Count	0	2	109	
			Rate			16.50	
	Hispanic	2010-2014	Count	6	7	83	
			Rate			4.40	
2011-2015		Count	6	15	106		
		Rate			5.20		
2012-2016		Count	10	20	131		
		Rate		5.50	6.30		
2013-2017		Count	12	22	140		
		Rate		5.70	6.40		
2014-2018		Count	13	24	159		
		Rate		7.20	7.10		
2015-2019		Count	17	28	186		
		Rate		7.80	7.60		
Other Races, non-Hispanic	2010-2014	Count	3	9	28		
		Rate			3.40		
	2011-2015	Count	2	9	29		
		Rate			3.10		
	2012-2016	Count	5	8	38		
		Rate			3.50		
	2013-2017	Count	7	7	43		
		Rate					

	White, non-Hispanic	2014-2018	Rate			4.00
			Count	6	5	43
		2015-2019	Rate			3.90
			Count	6	5	49
		2010-2014	Rate			4.00
			Count	196	240	4,404
		2011-2015	Rate	6.20	8.80	10.80
			Count	219	255	4,661
		2012-2016	Rate	6.70	9.00	11.30
			Count	233	268	4,813
		2013-2017	Rate	6.90	9.20	11.40
			Count	227	268	4,918
		2014-2018	Rate	6.50	9.00	11.50
			Count	249	273	5,024
		2015-2019	Rate	6.90	9.10	11.60
			Count	275	279	5,252
		2015-2019	Rate	7.40	9.10	11.90
			Count	275	279	5,252
Chronic Liver Disease and Cirrhosis Mortality by Sex	Female	2010-2014	Count	103	116	1,895
			Rate	4.40	4.80	6.50
		2011-2015	Count	108	134	2,036
			Rate	4.50	5.20	6.80
		2012-2016	Count	117	144	2,125
			Rate	4.60	5.30	6.90
	2013-2017	Count	112	152	2,217	
		Rate	4.20	5.50	7.10	
	2014-2018	Count	118	151	2,311	
		Rate	4.30	5.30	7.30	
	2015-2019	Count	126	157	2,419	
		Rate	4.40	5.40	7.40	
	Male	2010-2014	Count	146	219	3,483
			Rate	7.00	10.50	13.40
		2011-2015	Count	165	229	3,666
			Rate	7.50	10.60	13.80
		2012-2016	Count	185	248	3,805
			Rate	8.10	11.20	14.00
2013-2017		Count	193	250	3,899	
		Rate	8.20	10.80	14.10	
2014-2018		Count	209	257	3,954	
		Rate	8.60	11.00	14.00	
2015-2019		Count	226	263	4,113	
		Rate	9.00	10.90	14.30	

North Carolina State Center for Health Statistics County Health Data Book, 5-year data

Alzheimer’s disease Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina		
Alzheimer's disease Mortality	All Race/ Ethnicity	2010-2014	Count	613	1,541	14,595		
			Rate	18.90	43.60	29.20		
		2011-2015	Count	679	1,549	15,585		
			Rate	19.90	42.00	30.20		
		2012-2016	Count	788	1,557	16,917		
			Rate	22.00	40.40	31.90		
		2013-2017	Count	901	1,546	18,360		
			Rate	24.00	39.20	33.70		
		2014-2018	Count	1,061	1,567	19,988		
			Rate	27.10	38.60	35.70		
		2015-2019	Count	1,215	1,577	21,256		
			Rate	29.80	37.50	36.90		
		Alzheimer's disease Mortality by Race	African American, non-Hispanic	2010-2014	Count	74	293	2,017
					Rate	15.50	45.80	26.50
2011-2015	Count			91	296	2,187		
	Rate			18.50	43.80	27.70		
2012-2016	Count			114	309	2,392		
	Rate			22.60	43.60	29.60		
2013-2017	Count			124	332	2,639		
	Rate			23.10	43.20	31.40		
2014-2018	Count			152	350	2,860		
	Rate			27.40	43.60	33.10		
2015-2019	Count			176	378	3,156		
	Rate			30.40	44.60	35.60		
American Indian, non-Hispanic	2010-2014			Count	0	3	134	
				Rate			41.00	
	2011-2015		Count	0	3	148		
			Rate			42.80		
	2012-2016		Count	0	4	163		
			Rate			44.60		
	2013-2017		Count	1	3	183		
			Rate			46.90		
	2014-2018		Count	1	3	218		
			Rate			52.70		
	2015-2019		Count	1	1	219		
			Rate			50.90		
	Hispanic		2010-2014	Count	5	20	87	
				Rate		21.00	13.20	
2011-2015			Count	6	23	105		
			Rate		21.00	13.90		
2012-2016			Count	12	24	125		
			Rate		20.50	15.10		
	Count	14	29	152				

		2013-2017	Rate		23.10	17.20
		2014-2018	Count	22	36	186
			Rate	23.20	26.40	19.30
		2015-2019	Count	26	37	203
			Rate	26.50	25.50	19.50
		Other Races, non-Hispanic	2010-2014	Count	4	10
	Rate					9.90
	2011-2015		Count	6	12	45
			Rate			10.10
	2012-2016		Count	8	11	56
			Rate			11.70
	2013-2017		Count	12	12	69
			Rate			12.50
	2014-2018		Count	17	15	91
			Rate			15.20
	2015-2019		Count	19	19	110
			Rate			16.40
	White, non-Hispanic	2010-2014	Count	530	1,215	12,318
			Rate	20.20	44.50	30.10
		2011-2015	Count	576	1,215	13,100
Rate			21.00	43.10	31.10	
2012-2016		Count	654	1,209	14,181	
		Rate	22.70	41.30	32.70	
2013-2017		Count	750	1,170	15,317	
		Rate	24.90	39.80	34.60	
2014-2018		Count	869	1,163	16,633	
		Rate	27.70	38.80	36.70	
2015-2019		Count	993	1,142	17,568	
		Rate	30.50	37.00	37.70	
Alzheimer's disease Mortality by Sex	Female	2010-2014	Count	443	1,123	10,487
			Rate	20.90	47.60	32.50
		2011-2015	Count	492	1,134	11,168
			Rate	22.20	46.40	33.70
		2012-2016	Count	582	1,126	12,063
			Rate	25.10	44.20	35.60
		2013-2017	Count	658	1,119	13,046
			Rate	27.20	43.40	37.70
	2014-2018	Count	763	1,136	14,156	
		Rate	30.30	43.20	40.10	
	Male	2010-2014	Count	170	418	4,108
			Rate	14.90	35.40	22.90
		2011-2015	Count	187	415	4,417
			Rate	15.60	33.10	23.60

		2012-2016	Count	206	431	4,854
			Rate	16.20	32.70	25.00
		2013-2017	Count	243	427	5,314
			Rate	18.00	31.20	26.40
		2014-2018	Count	298	431	5,832
			Rate	21.00	30.10	27.90
		2015-2019	Count	348	451	6,208
			Rate	23.30	30.10	28.60

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data

Unintentional Mortality Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina		
All Unintentional Injuries Mortality	Other Race/Ethnicity	2010-2014	Count	799	874	14,791		
			Rate	19.40	20.00	29.60		
		2011-2015	Count	890	949	15,499		
			Rate	21.00	21.10	30.50		
		2012-2016	Count	1,010	1,038	16,453		
			Rate	23.10	22.10	31.90		
		2013-2017	Count	1,183	1,183	18,046		
			Rate	25.90	24.30	34.60		
		2014-2018	Count	1,283	1,373	19,576		
			Rate	27.20	27.20	37.00		
		2015-2019	Count	1,380	1,487	21,107		
			Rate	28.40	28.60	39.30		
		All Unintentional Injuries Mortality by Race	African American, non-Hispanic	2010-2014	Count	131	193	1,963
					Rate	16.60	15.90	19.90
2011-2015	Count			151	216	2,111		
	Rate			18.20	16.90	20.90		
2012-2016	Count			176	249	2,237		
	Rate			21.10	18.50	21.80		
2013-2017	Count			193	301	2,477		
	Rate			22.40	20.60	23.50		
2014-2018	Count			205	368	2,751		
	Rate			22.60	23.90	25.50		
2015-2019	Count			218	401	3,028		
	Rate			23.30	25.50	27.50		
American Indian, non-Hispanic	2010-2014		Count	3	1	217		
			Rate			41.00		
	2011-2015		Count	3	1	218		
			Rate			41.50		
	Count		2	1	221			

		2012-2016	Rate			40.80
		2013-2017	Count	3	2	228
			Rate			41.40
		2014-2018	Count	2	2	256
			Rate			45.20
		2015-2019	Count	3	2	286
	Rate				49.30	
	Hispanic	2010-2014	Count	31	40	278
			Rate	10.10	11.70	11.90
		2011-2015	Count	30	42	290
			Rate	9.10	12.50	11.30
		2012-2016	Count	30	43	322
			Rate	9.70	12.00	11.80
		2013-2017	Count	44	55	401
			Rate	12.10	12.70	13.20
		2014-2018	Count	48	75	471
			Rate	14.20	16.10	14.60
		2015-2019	Count	51	84	547
			Rate	17.50	15.50	16.00
	Other Races, non-Hispanic	2010-2014	Count	14	21	86
			Rate		15.60	11.70
		2011-2015	Count	14	24	100
			Rate		16.60	12.40
		2012-2016	Count	14	30	120
			Rate		21.10	13.70
		2013-2017	Count	14	34	143
			Rate		19.50	14.60
2014-2018		Count	13	42	159	
		Rate		22.30	14.80	
2015-2019		Count	17	37	173	
		Rate		17.80	14.70	
White, non-Hispanic	2010-2014	Count	620	619	12,247	
		Rate	21.30	23.60	34.30	
	2011-2015	Count	692	666	12,780	
		Rate	23.20	24.80	35.50	
	2012-2016	Count	788	715	13,553	
		Rate	25.60	26.30	37.30	
	2013-2017	Count	929	791	14,797	
		Rate	29.20	29.10	40.70	
	2014-2018	Count	1,015	886	15,939	
		Rate	31.10	32.00	43.60	

		2015-2019	Count	1,091	963	17,073
			Rate	32.60	34.30	46.30
All Other Unintentional Injuries Mortality by Sex	Female	2010-2014	Count	312	316	6,075
			Rate	13.60	13.10	21.40
		2011-2015	Count	346	349	6,393
			Rate	14.60	13.80	22.20
		2012-2016	Count	398	382	6,772
			Rate	16.20	14.60	23.20
		2013-2017	Count	451	438	7,322
			Rate	17.70	16.30	24.80
	2014-2018	Count	501	488	7,876	
		Rate	19.10	17.60	26.40	
	2015-2019	Count	539	530	8,363	
		Rate	19.90	18.70	27.60	
	Male	2010-2014	Count	487	558	8,716
			Rate	26.30	28.40	39.10
		2011-2015	Count	544	600	9,106
			Rate	28.60	29.90	40.00
2012-2016		Count	612	656	9,681	
		Rate	31.10	31.20	41.80	
2013-2017		Count	732	745	10,724	
		Rate	35.60	33.70	45.50	
2014-2018	Count	782	885	11,700		
	Rate	36.40	38.70	48.80		
2015-2019	Count	841	957	12,744		
	Rate	38.40	40.00	52.30		

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data

Unintentional Motor Vehicle Injury Deaths Count and Rate per 100,00 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina
Unintentional Motor Vehicle Injuries Mortality	All Race/Ethnicity	2010-2014	Count	390	354	6,679
			Rate	8.30	7.20	13.50
		2011-2015	Count	382	390	6,827
			Rate	7.90	7.80	13.60
		2012-2016	Count	401	418	7,125
			Rate	8.10	8.20	14.10
		2013-2017	Count	383	444	7,318
			Rate	7.60	8.40	14.20
		2014-2018	Count	372	481	7,553
			Rate	7.20	9.00	14.50
		2015-2019	Count	381	498	7,775
			Rate	7.20	9.10	14.70

Unintentional Motor Vehicle Injuries Mortality by Race	Race	Year	Mortality			
			Count	Rate	Total	
Unintentional Motor Vehicle Injuries Mortality by Race	African American, non-Hispanic	2010-2014	Count	115	135	1,512
			Rate	11.50	8.90	14.20
		2011-2015	Count	116	154	1,549
			Rate	11.10	10.00	14.40
		2012-2016	Count	120	184	1,672
			Rate	11.20	11.50	15.30
		2013-2017	Count	119	196	1,790
			Rate	11.00	11.80	16.10
		2014-2018	Count	127	212	1,889
			Rate	11.80	12.50	16.80
		2015-2019	Count	134	233	1,987
			Rate	12.40	13.40	17.40
	American Indian, non-Hispanic	2010-2014	Count	0	0	150
			Rate			25.80
		2011-2015	Count	0	1	157
			Rate			26.80
		2012-2016	Count	0	1	164
			Rate			27.50
		2013-2017	Count	0	1	164
			Rate			27.60
		2014-2018	Count	1	1	182
			Rate			30.60
		2015-2019	Count	1	2	178
			Rate			29.30
Hispanic	2010-2014	Count	43	40	430	
		Rate	8.10	6.10	9.90	
	2011-2015	Count	39	44	444	
		Rate	7.40	8.40	10.50	
	2012-2016	Count	40	47	471	
		Rate	7.20	8.90	10.80	
	2013-2017	Count	33	41	494	
		Rate	5.60	7.50	11.30	
	2014-2018	Count	38	43	524	
		Rate	7.00	8.40	12.20	
	2015-2019	Count	44	48	563	
		Rate	8.20	9.20	12.80	
Other Races, non-Hispanic	2010-2014	Count	5	18	74	
		Rate			6.00	
	2011-2015	Count	6	21	81	
		Rate		7.20	6.30	
	2012-2016	Count	10	20	82	
		Rate		6.70	6.00	
	2013-2017	Count	10	21	87	
		Rate		6.40	5.90	
	2014-2018	Count	9	24	95	
		Rate		7.50	6.10	

	White, non-Hispanic	2015-2019	Count	15	17	97
			Rate			6.10
		2010-2014	Count	227	161	4,513
			Rate	7.50	6.30	13.60
		2011-2015	Count	221	170	4,596
			Rate	7.20	6.50	13.70
		2012-2016	Count	231	166	4,736
			Rate	7.30	6.30	14.00
		2013-2017	Count	221	185	4,783
			Rate	6.90	6.80	13.90
		2014-2018	Count	197	201	4,863
			Rate	6.00	7.30	14.00
		2015-2019	Count	187	198	4,950
			Rate	5.60	7.00	14.10
Unintentional Motor Vehicle Injuries Mortality by Sex	Female	2010-2014	Count	109	100	1,925
			Rate	4.50	3.90	7.50
		2011-2015	Count	101	108	1,987
			Rate	4.10	4.10	7.70
		2012-2016	Count	111	112	2,074
			Rate	4.40	4.20	7.90
		2013-2017	Count	109	117	2,138
		Rate	4.20	4.30	8.00	
	2014-2018	Count	108	122	2,191	
		Rate	4.00	4.40	8.10	
	2015-2019	Count	111	125	2,261	
		Rate	4.00	4.40	8.30	
	Male	2010-2014	Count	281	254	4,754
			Rate	12.50	10.80	20.00
2011-2015		Count	281	282	4,840	
		Rate	12.00	12.00	20.10	
2012-2016		Count	290	306	5,051	
		Rate	12.20	12.70	20.70	
2013-2017		Count	274	327	5,180	
	Rate	11.30	13.20	20.90		
2014-2018	Count	264	359	5,362		
	Rate	10.60	14.20	21.40		
2015-2019	Count	270	373	5,514		
	Rate	10.60	14.40	21.70		

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data

Septicemia Mortality Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina
Septicemia Mortality	All Race/Ethnicity	2010-2014	Count	265	510	6,798
			Rate	7.20	13.40	13.00

		2011-2015	Count	282	557	7,026		
			Rate	7.40	14.00	13.00		
		2012-2016	Count	295	583	7,266		
			Rate	7.50	13.90	13.10		
		2013-2017	Count	317	580	7,477		
			Rate	7.50	13.50	13.10		
		2014-2018	Count	331	541	7,524		
			Rate	7.50	12.00	12.80		
		2015-2019	Count	353	509	7,696		
			Rate	7.60	10.90	12.70		
		Septicemia Mortality by Race	African American, non-Hispanic	2010-2014	Count	79	163	1,664
					Rate	12.20	18.70	18.60
2011-2015	Count			83	185	1,741		
	Rate			12.60	19.90	18.70		
2012-2016	Count			88	210	1,799		
	Rate			13.20	21.40	18.60		
2013-2017	Count			95	203	1,833		
	Rate			12.70	19.40	18.30		
2014-2018	Count			107	190	1,867		
	Rate			13.90	16.80	18.00		
2015-2019	Count			110	190	1,930		
	Rate			13.60	15.60	18.00		
American Indian, non-Hispanic	2010-2014		Count	0	1	58		
			Rate			13.30		
	2011-2015		Count	0	1	56		
			Rate			12.60		
	2012-2016		Count	0	1	60		
			Rate			12.40		
	2013-2017		Count	0	3	81		
			Rate			15.60		
	2014-2018		Count	0	3	81		
			Rate			14.60		
	2015-2019		Count	0	2	81		
			Rate			14.10		
Hispanic	2010-2014	Count	4	10	69			
		Rate			5.50			
	2011-2015	Count	4	11	70			
		Rate			5.50			
	2012-2016	Count	2	13	69			
		Rate			5.10			
	2013-2017	Count	4	13	77			
		Rate			5.40			
	2014-2018	Count	6	14	101			
		Rate			6.10			
	2015-2019	Count	9	10	103			
		Rate			5.40			

	Other Races, non-Hispanic	2010-2014	Count	4	6	33
			Rate			5.50
		2011-2015	Count	4	8	41
			Rate			6.10
		2012-2016	Count	4	8	43
			Rate			6.20
		2013-2017	Count	5	8	49
			Rate			6.00
	2014-2018	Count	7	10	59	
		Rate			6.50	
	2015-2019	Count	9	9	58	
		Rate			5.70	
	White, non-Hispanic	2010-2014	Count	178	330	4,974
			Rate	6.40	12.40	12.10
		2011-2015	Count	191	352	5,118
			Rate	6.70	12.80	12.10
2012-2016		Count	201	351	5,295	
		Rate	6.70	12.20	12.30	
2013-2017		Count	213	353	5,437	
		Rate	6.80	12.00	12.30	
Septicemia Mortality by Sex	Female	2010-2014	Count	131	256	3,638
			Rate	6.10	11.10	12.00
		2011-2015	Count	141	283	3,819
			Rate	6.40	11.80	12.20
		2012-2016	Count	155	297	3,936
			Rate	6.70	11.90	12.30
		2013-2017	Count	167	309	4,040
			Rate	6.90	12.10	12.30
	2014-2018	Count	175	289	4,019	
		Rate	6.90	10.90	12.00	
	2015-2019	Count	193	266	4,124	
		Rate	7.10	9.80	12.00	
	Male	2010-2014	Count	134	254	3,160
			Rate	8.90	17.30	14.50
		2011-2015	Count	141	274	3,207
			Rate	9.00	17.60	14.20
2012-2016		Count	140	286	3,330	
		Rate	8.60	17.30	14.30	
2013-2017		Count	150	271	3,437	
		Rate	8.50	15.50	14.30	
2014-2018	Count	156	252	3,505		
	Rate	8.40	13.70	14.00		

		2015-2019	Count	160	243	3,572
			Rate	8.20	12.60	13.80

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data

Homicide by Count and Rate

Indicator		Year	Wake	Mecklenburg	North Carolina
Homicide Mortality	All Race/Ethnicity	2010-2014	133	296	2,728
			2.70	5.90	5.70
		2011-2015	136	298	2,785
			2.80	5.90	5.80
		2012-2016	145	319	3,002
			2.90	6.10	6.20
		2013-2017	146	349	3,126
			2.90	6.60	6.40
Homicide Mortality by Race	African American, non-Hispanic	2010-2014	72	207	1,416
			6.90	12.90	13.00
		2011-2015	77	212	1,524
			7.20	12.80	13.90
		2012-2016	86	240	1,696
			7.80	14.00	15.30
		2013-2017	94	264	1,832
			8.30	15.00	16.40
	American Indian, non-Hispanic	2010-2014	0	0	88
					15.00
		2011-2015	0	0	92
					15.60
		2012-2016	0	0	99
					16.70
		2013-2017	0	0	94
					15.60
	2014-2018	0	0	108	
				18.00	
	2015-2019	0	0	108	
				17.70	

	Hispanic	2010-2014	18	38	187
				5.50	4.30
		2011-2015	17	33	175
				4.70	4.00
		2012-2016	16	26	171
				3.70	3.80
	2013-2017	14	34	178	
			4.80	3.80	
	2014-2018	12	30	167	
			4.10	3.50	
	2015-2019	12	37	189	
			5.10	3.90	
	Other Races, non-Hispanic	2010-2014	7	2	40
					3.20
		2011-2015	8	2	46
					3.40
		2012-2016	4	4	47
					3.30
	2013-2017	3	4	47	
				3.30	
	2014-2018	1	5	44	
				2.80	
	2015-2019	1	4	44	
				2.60	
White, non-Hispanic	2010-2014	36	49	997	
			1.20	1.90	
	2011-2015	34	51	948	
			1.10	2.00	
	2012-2016	39	49	989	
			1.30	1.90	
	2013-2017	35	47	975	
			1.10	1.90	
	2014-2018	36	51	979	
			1.20	2.00	
2015-2019	33	49	982		
		1.10	1.90		
Homicide Mortality by Sex	Female	2010-2014	34	49	595
				1.30	1.90
		2011-2015	37	46	580
				1.40	1.80
		2012-2016	42	54	628
				1.60	2.10
	39	65	649		

	Male	2013-2017	1.50	2.40	2.60
		2014-2018	33	68	686
			1.30	2.50	2.70
		2015-2019	33	82	704
			1.20	2.90	2.70
		2010-2014	99	247	2,133
			4.20	10.10	9.00
		2011-2015	99	252	2,205
			4.10	10.10	9.30
		2012-2016	103	265	2,374
			4.20	10.40	9.90
		2013-2017	107	284	2,477
			4.30	10.90	10.30
		2014-2018	102	296	2,531
			4.00	11.10	10.40
		2015-2019	110	336	2,683
			4.20	12.50	11.00

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data

Top 5 Causes of Injury Deaths, Cases and Rate per 100,000 population

Cause of Injury Death	Top 5 Causes Of Injury Death (All Ages), Wake County, 2016-2020*														
	2016			2017			2018			2019			2020*		
	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank
Poisoning Unintentional	123	11.8	1	136	12.7	1	123	11.3	1	109	9.8	2	185	16.3	1
Falls Unintentional	104	9.9	2	115	10.7	2	103	9.4	2	145	13.0	1	112	9.9	2
MVT Unintentional	86	8.2	3	57	5.3	3	73	6.7	3	89	8.0	3	76	6.7	3
Firearm Self-Inflicted	44	4.2	4	43	4.0	4	49	4.5	4	53	4.8	4	48	4.2	4
Suffocation Self-Inflicted	-	-	-	33	3.1	5	27	2.5	5	31	2.8	5	-	-	-
Firearm Assault	27	2.6	5	-	-	-	-	-	-	-	-	-	31	2.7	5

North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data (2016-2020*), Analysis by: North Carolina Division of Public Health Injury and Violence Prevention Branch Epidemiology, Surveillance & Informatics Unit

Top 5 Causes of Injury Hospitalization, Cases and Rate per 100,000 population

Cause of Injury	Top 5 Causes of Injury Hospitalizations (All Ages), Wake County, 2016-2020*														
	2016			2017			2018			2019			2020*		
	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank
Fall Unintentional	1,752	167.4	1	1,837	171.3	1	1,886	172.7	1	2,150	193.4	1	1,945	171.8	1

MVT Unintentional	492	47.0	2	439	40.9	2	478	43.8	2	559	50.3	2	492	43.5	2
Poisoning Unintentional	302	28.9	3	270	25.2	3	296	27.1	3	322	29.0	3	303	26.8	3
Poisoning Self-Inflicted	237	22.6	4	227	21.2	4	218	20.0	4	241	21.7	4	197	17.4	4
Fire/Burn Unintentional	155	14.8	5	157	14.6	5	182	16.7	5	185	16.6	5	-	-	-
Unspecified Unintentional	-	-	-	-	-	-	-	-	-	-	-	-	156	13.8	5

The North Carolina Healthcare Association (2016-2020*), Analysis by: North Carolina Division of Public Health Injury and Violence Prevention Branch Epidemiology, Surveillance & Informatics Unit

Top 5 Emergency Department Visits, Cases and Rate per 100,000 population

Cause of Injury	Top 5 Causes Of Emergency Department Visits (All Ages), Wake County, 2016-2020*														
	2016			2017			2018			2019			2020*		
	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank
MVT Unintentional	10,740	1,026.0	1	11,195	1,044.1	1	11,789	1,079.3	1	11,876	1,068.2	2	8,833	780.1	2
Fall Unintentional	7,617	727.7	2	9,843	918.0	2	11,655	1,067.0	2	11,892	1,069.7	1	10,274	907.4	1
Natural/Environmental Unintentional	2,540	242.6	3	2,861	266.8	3	2,769	253.5	3	2,765	248.7	3	2,109	186.3	3
Unspecified Unintentional	-	-	-	-	-	-	1,858	170.1	4	1,912	172.0	4	1,202	106.2	5
Other Specified/Classifiable Unintentional	1,596	152.5	4	1,911	178.2	4	1,847	169.1	5	1,788	160.8	5	1,645	145.3	4
Poisoning Unintentional	1,166	111.4	5	1,242	115.8	5	-	-	-	-	-	-	-	-	-

North Carolina Disease Event Tracking and Epidemiologic Tool (NC DETECT) Emergency Department Visit Data (2016-2020*), Analysis by: North Carolina Division of Public Health Injury and Violence Prevention Branch Epidemiology, Surveillance & Informatics Unit

Disability by Type, Percent and Count

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
Ambulatory Difficulty	2015-2019	4.3%	4.2%	4.1%	6.3%	7.6%
		42,919	41,658	47,005	1,626,765	716,908
	2014-2018	4.3%	4.4%	4.2%	6.4%	7.7%
		41,723	43,015	46,856	1,622,569	720,322
	2013-2017	4.3%	4.6%	4.3%	6.5%	7.9%
		40,889	43,901	47,015	1,615,627	726,055
	2012-2016	4.2%	4.7%	4.4%	6.5%	7.9%
	39,194	44,010	46,960	1,603,922	723,773	
		4.1%	4.9%	4.3%	6.6%	7.9%

	2011-2015	37,181	44,781	44,872	1,589,326	714,681
Cognitive Difficulty	2015-2019	3.7%	3.4%	3.7%	4.6%	5.4%
		36,499	33,636	42,019	1,194,273	511,243
	2014-2018	3.6%	3.5%	3.6%	4.6%	5.4%
		35,249	34,126	40,702	1,169,936	508,293
	2013-2017	3.6%	3.6%	3.8%	4.6%	5.5%
		33,950	34,877	41,428	1,148,929	508,539
	2012-2016	3.5%	3.6%	3.8%	4.6%	5.5%
	32,164	33,516	39,899	1,137,881	503,315	
Hearing Difficulty	2011-2015	3.3%	3.7%	3.7%	4.6%	5.5%
		29,853	33,726	38,586	1,115,138	492,633
	2015-2019	2.2%	2.1%	2.2%	3.3%	3.7%
		23,273	22,645	27,379	911,426	375,385
	2014-2018	2.2%	2.2%	2.3%	3.3%	3.8%
		22,463	23,218	27,024	907,611	374,594
	2013-2017	2.1%	2.2%	2.3%	3.3%	3.7%
	21,713	22,413	27,143	898,553	367,990	
Independent Living Difficulty	2012-2016	2.0%	2.2%	2.4%	3.4%	3.7%
		20,080	21,654	27,371	888,660	361,180
	2011-2015	2.0%	2.2%	2.3%	3.4%	3.6%
		19,251	21,634	26,157	874,413	351,209
	2015-2019	3.7%	3.5%	3.5%	5.2%	6.1%
		29,897	28,307	32,940	1,073,269	473,783
	2014-2018	3.7%	3.8%	3.4%	5.2%	6.2%
	28,727	29,912	31,504	1,056,579	475,650	
Self-care Difficulty	2013-2017	3.7%	3.9%	3.5%	5.3%	6.3%
		28,371	30,570	31,719	1,041,316	475,434
	2012-2016	3.7%	4.0%	3.5%	5.3%	6.4%
		27,198	30,289	31,018	1,031,130	474,650
	2011-2015	3.6%	4.2%	3.5%	5.4%	6.4%
		26,027	30,800	29,617	1,017,848	469,416
	2015-2019	1.5%	1.8%	1.6%	2.5%	2.8%
	15,166	17,648	18,024	639,930	264,095	
Vision Difficulty	2014-2018	1.6%	1.8%	1.6%	2.5%	2.9%
		15,701	17,606	17,377	630,720	270,387
	2013-2017	1.6%	1.8%	1.6%	2.5%	2.9%
		15,637	17,488	17,383	622,696	271,518
	2012-2016	1.7%	1.8%	1.7%	2.5%	3.0%
		15,592	17,186	18,187	624,112	274,068
	2011-2015	1.7%	1.9%	1.6%	2.6%	3.0%
	14,998	17,305	16,837	622,032	273,068	
Vision Difficulty		1.7%	1.5%	1.6%	2.5%	2.6%

	2015-2019	17,939	15,867	19,880	684,509	263,064
	2014-2018	1.7%	1.6%	1.6%	2.5%	2.6%
		17,755	16,358	19,243	679,241	263,682
	2013-2017	1.6%	1.7%	1.7%	2.5%	2.7%
		16,542	17,309	19,563	664,238	261,156
	2012-2016	1.5%	1.7%	1.7%	2.5%	2.7%
		14,851	16,974	19,070	652,818	258,588
	2011-2015	1.4%	1.7%	1.6%	2.5%	2.6%
		13,582	16,778	17,897	638,879	250,262

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1810

Disability Characteristics by Age, Percent and Count

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina	
Under 5 years	2015-2019	0.8%	0.4%	0.8%	0.7%	0.7%	
		503	311	606	14,854	4,499	
	2014-2018	0.7%	0.5%	0.7%	0.8%	0.8%	
		478	375	544	15,523	4,761	
	2013-2017	0.7%	0.6%	0.8%	0.8%	0.8%	
		451	404	619	15,555	5,099	
	2012-2016	0.8%	0.9%	0.9%	0.8%	0.9%	
		505	616	736	16,387	5,472	
	2011-2015	0.7%	1.0%	0.8%	0.9%	0.8%	
		437	731	663	17,179	5,182	
	5 to 17 years	2015-2019	4.7%	3.3%	5.0%	5.4%	5.6%
			8,999	6,069	9,606	285,722	94,973
2014-2018		4.5%	3.4%	5.0%	5.3%	5.6%	
		8,592	6,251	9,511	281,353	94,822	
2013-2017		4.6%	3.6%	5.3%	5.4%	5.7%	
		8,514	6,421	9,894	280,426	95,840	
2012-2016		4.5%	3.7%	5.2%	5.5%	5.7%	
		8,275	6,507	9,594	281,123	95,959	
2011-2015		4.3%	3.7%	5.1%	5.4%	5.7%	
		7,722	6,512	9,210	274,465	95,988	
18 to 34 years		2015-2019	4.4%	4.4%	4.7%	5.9%	6.6%
			11,229	12,241	16,953	397,778	147,341
	2014-2018	4.4%	4.5%	4.5%	5.8%	6.6%	
		10,962	12,345	15,832	384,655	146,329	
	2013-2017	4.4%	4.9%	4.7%	5.7%	6.6%	
		10,695	12,894	16,175	375,180	144,807	
	2012-2016	4.1%	4.7%	4.6%	5.7%	6.5%	
		9,700	12,277	15,578	365,564	140,742	
	2011-2015	3.9%	4.6%	4.6%	5.6%	6.3%	

35 to 64 years	2015-2019	9,251	11,769	15,542	353,605	136,958
		7.9%	7.8%	8.4%	11.9%	13.9%
	2014-2018	34,117	32,793	40,256	1,229,373	548,036
		8.0%	8.4%	8.7%	12.1%	14.2%
	2013-2017	34,058	34,874	40,493	1,234,049	556,505
		8.0%	8.9%	9.1%	12.3%	14.4%
	2012-2016	33,326	36,141	41,146	1,237,942	560,147
		8.1%	9.2%	9.4%	12.6%	14.6%
2011-2015	32,936	36,786	41,609	1,242,828	565,417	
	8.0%	9.6%	9.5%	12.7%	14.6%	
65 to 74 years	2015-2019	31,472	37,566	40,780	1,242,647	560,849
		21.1%	19.8%	21.0%	27.9%	26.1%
	2014-2018	15,716	14,190	15,607	572,913	252,200
		21.1%	21.2%	21.9%	28.5%	26.6%
	2013-2017	14,846	14,524	15,292	564,075	248,418
		21.6%	21.8%	23.2%	29.1%	27.2%
	2012-2016	14,274	14,190	15,110	550,081	243,488
		20.6%	21.8%	23.8%	29.1%	27.3%
2011-2015	12,465	13,147	14,069	526,349	233,490	
	20.2%	22.8%	22.8%	29.4%	27.4%	
75 years and over	2015-2019	11,391	12,830	12,435	503,861	222,509
		46.3%	45.2%	46.6%	52.0%	49.2%
	2014-2018	20,158	19,597	18,542	686,983	305,734
		46.6%	46.3%	47.5%	52.7%	50.1%
	2013-2017	19,166	19,227	18,181	673,210	299,698
		47.4%	47.8%	48.9%	53.6%	51.0%
	2012-2016	18,424	19,093	18,057	661,388	295,296
		47.4%	48.6%	49.6%	54.2%	51.6%
2011-2015	17,359	18,783	17,645	650,890	290,490	
	46.4%	50.0%	50.8%	54.5%	52.2%	
		16,228	18,608	17,416	636,494	285,820

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1810

Disability Characteristics by Race & Ethnicity, Percent and Count

	Year	Wake	Mecklenburg	Travis	Texas	North Carolina
American Indian or Alaskan Native Alone	2015-2019	20.1%	7.7%	10.0%	16.5%	18.2%
		746	320	759	22,755	22,048
	2014-2018	17.1%	9.4%	11.0%	16.5%	18.5%
		600	355	742	21,767	21,874
	2013-2017	15.3%	11.3%	12.2%	16.3%	18.3%
		529	346	659	20,605	20,994
	2012-2016	17.6%	10.7%	12.6%	15.8%	17.8%

		573	337	656	19,688	20,409
	2011-2015	18.0%	9.3%	14.3%	15.7%	18.7%
		507	293	775	19,319	21,115
Asian Alone	2015-2019	4.3%	4.8%	3.6%	5.6%	5.3%
		3,180	3,016	2,983	75,207	15,414
	2014-2018	3.7%	3.9%	4.1%	5.5%	4.8%
		2,604	2,352	3,247	72,133	13,450
	2013-2017	3.7%	4.6%	4.3%	5.7%	4.9%
		2,460	2,615	3,210	70,552	13,149
	2012-2016	3.5%	4.1%	4.5%	5.7%	4.9%
		2,159	2,213	3,222	66,534	12,401
	2011-2015	3.2%	4.5%	4.7%	5.5%	4.8%
		1,880	2,291	3,224	61,948	11,717
Black or African American Alone	2015-2019	11.3%	9.2%	13.0%	13.1%	14.6%
		24,324	30,970	13,020	434,448	312,780
	2014-2018	11.2%	10.1%	12.6%	13.1%	14.8%
		23,446	33,053	12,448	425,782	314,216
	2013-2017	11.4%	10.6%	13.4%	13.3%	15.1%
		23,308	33,944	12,821	422,015	316,325
	2012-2016	11.0%	11.0%	13.7%	13.4%	15.2%
		22,227	34,307	12,885	416,460	315,319
	2011-2015	10.8%	11.3%	13.7%	13.6%	15.1%
		21,416	34,405	12,610	413,085	310,263
Hispanic or Latino (of any race)	2015-2019	5.4%	4.3%	7.6%	9.4%	6.3%
		5,801	6,135	31,210	1,028,376	59,694
	2014-2018	5.1%	4.3%	7.4%	9.4%	6.2%
		5,351	5,924	30,136	1,013,870	57,239
	2013-2017	5.2%	4.5%	7.5%	9.5%	6.0%
		5,329	5,999	29,731	997,559	53,910
	2012-2016	5.0%	4.8%	7.4%	9.5%	5.9%
		4,871	6,051	28,677	979,471	51,132
	2011-2015	4.7%	4.6%	7.5%	9.6%	5.6%
		4,521	5,686	28,368	961,094	47,977
Native Hawaiian or other Pacific Islander Alone	2015-2019	19.7%	0.7%	6.6%	10.3%	9.5%
		86	4	41	2,528	638
	2014-2018	12.4%	1.1%	6.4%	9.7%	9.8%
		54	6	37	2,219	635
	2013-2017	14.3%	3.3%	5.1%	9.4%	11.6%
		59	18	35	2,139	678
	2012-2016	15.2%	3.8%	3.5%	8.5%	11.9%
		64	27	29	1,813	725
	2011-2015	12.7%	2.6%	8.8%	8.0%	11.5%
		56	19	56	1,662	663

Some other race alone	2015-2019	4.0%	3.1%	6.7%	8.7%	5.4%	
		1,698	1,827	6,751	140,939	16,846	
	2014-2018	3.7%	3.3%	7.1%	9.0%	5.3%	
		1,441	1,782	6,379	141,599	16,218	
	2013-2017	3.7%	3.7%	7.7%	9.1%	5.0%	
		1,351	1,874	6,012	141,603	15,461	
	2012-2016	3.9%	4.3%	8.1%	9.2%	4.9%	
		1,187	1,958	5,206	142,149	14,358	
	2011-2015	4.2%	3.8%	7.9%	9.1%	4.6%	
		1,144	1,511	5,340	142,234	13,371	
	Two or more races	2015-2019	7.7%	7.4%	9.7%	10.6%	11.0%
			2,413	2,216	4,274	79,075	29,353
2014-2018		7.6%	8.7%	10.4%	10.5%	11.4%	
		2,443	2,604	4,219	75,158	29,063	
2013-2017		8.0%	8.8%	11.9%	10.8%	11.5%	
		2,210	2,603	4,540	74,633	28,026	
2012-2016		7.6%	8.7%	11.1%	11.1%	12.1%	
		2,022	2,429	4,074	73,607	28,705	
2011-2015		8.2%	9.0%	10.3%	11.3%	12.1%	
		1,902	2,425	3,508	72,207	27,417	
White alone		2015-2019	8.4%	8.1%	8.3%	11.8%	13.8%
			58,275	46,848	73,742	2,432,671	955,704
	2014-2018	8.4%	8.3%	8.3%	11.8%	13.9%	
		57,514	47,444	72,781	2,414,207	955,077	
	2013-2017	8.2%	8.4%	8.4%	11.9%	14.0%	
		55,767	47,743	73,724	2,389,025	950,044	
	2012-2016	8.0%	8.3%	8.4%	11.9%	13.9%	
		53,008	46,845	73,159	2,362,890	939,653	
	2011-2015	7.6%	8.4%	8.3%	11.9%	13.7%	
		49,596	47,072	70,533	2,317,796	922,760	
	White alone, not Hispanic or Latino	2015-2019	8.5%	8.7%	8.6%	13.6%	14.5%
			54,486	43,381	51,322	1,587,272	919,485
2014-2018		8.6%	8.9%	8.7%	13.6%	14.6%	
		53,909	44,109	51,066	1,581,563	920,269	
2013-2017		8.5%	9.0%	9.0%	13.6%	14.6%	
		52,149	44,264	51,826	1,572,511	917,339	
2012-2016		8.2%	8.9%	9.1%	13.6%	14.5%	
		49,695	43,418	51,325	1,564,746	908,963	
2011-2015		7.9%	9.0%	8.8%	13.5%	14.4%	
		46,571	43,647	49,096	1,537,671	894,136	
All Race/Ethnicity		2015-2019	8.6%	8.0%	8.3%	11.5%	13.4%
			90,722	85,201	101,570	3,187,623	1,352,783
	2014-2018	8.5%	8.4%	8.4%	11.5%	13.6%	

		88,102	87,596	99,853	3,152,865	1,350,533
	2013-2017	8.4%	8.7%	8.6%	11.6%	13.7%
		85,684	89,143	101,001	3,120,572	1,344,677
	2012-2016	8.2%	8.8%	8.7%	11.6%	13.7%
		81,240	88,116	99,231	3,083,141	1,331,570
	2011-2015	7.9%	8.9%	8.6%	11.6%	13.5%
		76,501	88,016	96,046	3,028,251	1,307,306

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1810

COVID-19 Vaccinations

	Year	Wake	Mecklenburg
People Vaccinated with at Least One Dose		76.0%	67.0%
		844,664	744,266
People Vaccinated with at Least One Booster/Additional Dose		40.0%	31.2%
		445,173	346,906
People Vaccinated with Two Doses or One Dose J&J		73.0%	63.1%
		811,106	700,165

NC Department of Health & Human Services, COVID-19 Dashboard, data last updated 3/9/2022 at 4 AM

Mental Health & Substance Use

Unintentional Overdose Deaths Rate per 100,000 Population

Year	Wake	Mecklenburg
2020	16.5	19.7
2019	11.7	17.2
2018	12.5	18.8
2017	14.3	19.1
2016	12.5	15.7
2015	8.7	10.1
2014	8.2	10.5
2013	7.3	6.6
2012	5.7	8.9
2011	6.2	8.2
2010	6.1	7.2
2009	5.3	5.6
2008	7.9	7.3
2007	6.7	6.2
2006	6.4	7.1
2005	7.7	7.9
2004	4.4	6.2
2003	6.1	6.1
2002	4.8	5.7
2001	4.4	4.3

NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from North Carolina State Center for Health Statistics, Vital Statistics, Death Certificate Data, 1999-present.

Suicide Mortality Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina		
Suicide Mortality	All Race/Ethnicity	2010-2014	Count	414	463	6,256		
			Rate	8.80	9.60	12.40		
		2011-2015	Count	435	471	6,502		
			Rate	8.90	9.60	12.70		
		2012-2016	Count	447	483	6,679		
			Rate	8.90	9.60	12.90		
		2013-2017	Count	475	516	6,925		
			Rate	9.20	10.00	13.30		
		2014-2018	Count	501	540	7,152		
			Rate	9.40	10.20	13.50		
		2015-2019	Count	515	528	7,173		
			Rate	9.50	9.80	13.40		
		Suicide Mortality by Race	African American, non-Hispanic	2010-2014	Count	48	74	518
					Rate	4.80	4.90	4.90
2011-2015	Count			47	86	538		
	Rate			4.60	5.50	5.00		
2012-2016	Count			52	95	544		
	Rate			5.10	5.80	5.00		
2013-2017	Count			60	106	602		
	Rate			5.70	6.10	5.40		
2014-2018	Count			57	108	620		
	Rate			5.40	6.00	5.50		
2015-2019	Count			59	112	646		
	Rate			5.30	6.10	5.60		
American Indian, non-Hispanic	2010-2014		Count	0	0	66		
			Rate			11.40		
	2011-2015		Count	0	1	69		
			Rate			11.80		
	2012-2016		Count	0	1	67		
			Rate			11.50		
	2013-2017		Count	0	1	78		
			Rate			13.40		
	2014-2018		Count	0	1	74		
			Rate			12.40		
	2015-2019		Count	0	2	67		
			Rate			11.20		
Hispanic	2010-2014		Count	18	14	128		
			Rate			3.50		
	2011-2015		Count	16	15	142		

		2012-2016	Rate			3.70	
			Count	18	15	158	
		2013-2017	Rate			4.20	
			Count	19	23	185	
		2014-2018	Rate		3.30	4.90	
			Count	22	29	220	
		2015-2019	Rate	5.40	4.20	5.60	
			Count	17	31	234	
		Other Races, non-Hispanic	2010-2014	Rate		4.50	5.60
				Count	16	7	78
			2011-2015	Rate			5.90
				Count	18	10	91
	2012-2016		Rate			6.90	
			Count	22	18	111	
	2013-2017		Rate	7.20		8.20	
			Count	19	22	111	
	2014-2018		Rate		7.10	7.60	
			Count	22	23	126	
	2015-2019		Rate	6.80	7.10	8.20	
			Count	23	26	130	
	White, non-Hispanic	2010-2014	Rate	6.50	8.00	8.20	
			Count	332	368	5,466	
		2011-2015	Rate	10.60	14.00	15.90	
			Count	354	359	5,662	
		2012-2016	Rate	11.00	13.50	16.40	
			Count	355	354	5,799	
		2013-2017	Rate	10.80	13.20	16.60	
			Count	377	364	5,949	
2014-2018		Rate	11.10	13.50	17.00		
		Count	400	379	6,112		
2015-2019		Rate	11.60	13.90	17.30		
		Count	416	357	6,096		
Suicide Mortality by Sex	Female	2010-2014	Rate	12.00	12.90	17.20	
			Count	102	136	1,525	
		2011-2015	Rate	4.00	5.20	5.90	
			Count	112	139	1,597	
		2012-2016	Rate	4.30	5.20	6.00	
			Count	121	136	1,679	
	2013-2017	Rate	4.50	5.00	6.30		
		Count	124	133	1,695		
	2014-2018	Rate	4.50	4.80	6.30		
		Count	130	136	1,734		
	2015-2019	Rate	4.70	4.80	6.40		
		Count	141	127	1,680		
Male	2010-2014	Rate	5.00	4.50	6.10		
		Count	312	327	4,731		

		Rate	14.20	14.70	19.70
2011-2015		Count	323	332	4,905
		Rate	14.30	14.80	20.20
2012-2016		Count	326	347	5,000
		Rate	14.20	15.10	20.30
2013-2017		Count	351	383	5,230
		Rate	14.60	16.10	21.00
2014-2018		Count	371	404	5,418
		Rate	14.90	16.50	21.40
2015-2019		Count	374	401	5,493
		Rate	14.70	15.90	21.50

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 5-year data

Total Medication and Drug Poisoning Deaths, All Intentions, Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina		
Total Medication and Drug Poisoning Deaths, All Intentions, North Carolina Residents	All Race/Ethnicity	2016	Count	131	166	1,965		
			Rate	12.52	15.70	19.49		
		2017	Count	153	206	2,474		
			Rate	14.28	19.14	24.30		
		2018	Count	136	206	2,301		
			Rate	12.44	18.88	22.37		
		2019	Count	130	191	2,352		
			Rate	11.66	17.25	22.66		
		2020	Count	185	223	3,118		
			Rate	16.30	19.94	29.82		
		Total Medication and Drug Poisoning Deaths, All Intentions, North Carolina Residents by age	Age <20	2016	Count	1	4	31
					Rate	0.36	1.44	1.21
2017	Count			5	4	39		
	Rate			1.76	1.42	1.52		
2018	Count			5	3	29		
	Rate			1.75	1.06	1.13		
2019	Count			1	2	30		
	Rate			0.35	0.70	1.17		
2020	Count			5	6	41		
	Rate			1.75	2.10	1.60		
Age 20-24	2016			Count	15	14	143	
				Rate	22.36	20.61	20.11	
	2017		Count	14	19	214		
			Rate	20.40	28.36	29.97		
	2018		Count	15	15	167		
			Rate	21.25	22.70	23.34		
2019	Count		13	11	160			

	Age 25-34	2020	Rate	17.91	16.62	22.15	
			Count	16	20	234	
		2016	Rate	21.39	30.18	32.06	
			Count	37	44	527	
		2017	Rate	24.61	24.47	40.07	
			Count	50	58	674	
	2018	Rate	32.85	32.10	50.71		
		Count	42	60	616		
	2019	Rate	27.42	33.48	45.91		
		Count	44	54	689		
	2020	Rate	28.48	30.26	50.89		
		Count	52	60	874		
	Age 35-44	2016	Rate	33.47	34.42	64.40	
			Count	29	43	462	
		2017	Rate	17.48	26.19	35.34	
			Count	24	64	588	
		2018	Rate	14.14	37.96	44.79	
			Count	25	56	574	
		2019	Rate	14.42	32.28	43.29	
			Count	32	51	583	
		2020	Rate	18.15	28.57	43.48	
			Count	57	60	824	
		Age 45-54	2016	Rate	31.87	32.81	60.79
				Count	27	31	457
	2017		Rate	17.55	21.55	33.25	
			Count	29	34	542	
	2018		Rate	18.44	23.23	39.38	
			Count	30	36	492	
2019	Rate		18.73	24.34	35.83		
	Count		20	34	459		
2020	Rate		12.28	22.78	33.61		
	Count		28	39	613		
Age 55-64	2016	Rate	16.84	25.83	45.06		
		Count	11	18	257		
	2017	Rate	9.36	15.95	20.27		
		Count	23	22	323		
	2018	Rate	18.81	18.88	25.09		
		Count	15	27	328		
	2019	Rate	11.83	22.51	25.11		
		Count	13	27	328		
	2020	Rate	9.90	21.95	24.80		
		Count	20	26	404		

	Age 65+	2016	Rate	14.78	20.71	30.32		
			Count	11	12	88		
		2017	Rate	9.91	10.79	5.71		
			Count	8	5	94		
		2018	Rate	6.81	4.29	5.89		
			Count	4	9	95		
		2019	Rate	3.22	7.39	5.75		
			Count	7	12	103		
		2020	Rate	5.35	9.42	6.03		
			Count	7	12	128		
		Total Medication and Drug Poisoning Deaths, All Intent, North Carolina Residents by race/ethnicity	American Indian and Alaska Native, non-Hispanic	2016	Rate	5.08	9.03	7.27
					Count	0	0	24
				2017	Rate	0.00	0.00	22.15
					Count	0	0	26
2018	Rate			0.00	0.00	23.36		
	Count			1	0	43		
2019	Rate		58.28	0.00	39.52			
	Count		0	1	54			
Asian, non-Hispanic	2020		Rate	0.00	44.74	47.46		
			Count	0	3	100		
	2016		Rate	0.00	109.89	99.12		
			Count	1	1	9		
	2017		Rate	1.44	1.68	3.29		
			Count	2	2	14		
2018	Rate	2.63	3.25	4.78				
	Count	1	3	13				
2019	Rate	1.28	4.46	4.28				
	Count	1	2	14				
Black or African American, non-Hispanic	2020	Rate	1.20	3.16	4.55			
		Count	4	3	17			
	2016	Rate	4.14	4.19	5.00			
		Count	25	45	249			
	2017	Rate	11.94	13.74	11.61			
		Count	27	57	306			
2018	Rate	12.84	17.07	14.06				
	Count	21	65	320				
2019	Rate	9.88	19.06	14.65				
	Count	25	50	374				
2020	Rate	11.20	14.45	16.89				
	Count	45	69	586				
		2016	Rate	22.00	21.24	27.81		
		2016	Count	5	4	38		

	Hispanic or Latino	2017	Rate				
			Count	7	12	62	
		2018	Rate				
			Count	6	15	64	
		2019	Rate				
			Count	2	10	67	
	2020	Rate					
		Count	6	16	106		
	Other, non-Hispanic	2016	Rate	4.68	9.42	9.48	
			Count	0	2	10	
		2017	Rate	0.00	3.12	2.32	
			Count	0	1	6	
		2018	Rate	0.00	6.99	4.21	
			Count	0	2	12	
		2019	Rate	3.99	5.69	4.68	
			Count	1	2	13	
		2020	Rate	3.83	0.00	3.48	
			Count	2	0	16	
		White, non-Hispanic	2016	Rate	15.84	22.79	25.39
				Count	100	114	1,635
	2017		Rate	18.23	26.60	31.82	
			Count	117	134	2,060	
	2018		Rate	16.48	23.94	28.39	
			Count	107	121	1,847	
2019	Rate	15.29	24.68	27.93			
	Count	101	126	1,830			
2020	Rate	19.84	26.47	36.31			
	Count	128	132	2,292			
Total Medication and Drug Poisoning Deaths, All Intent, North Carolina Residents by sex	Female	2016	Rate	8.31	10.72	15.03	
			Count	45	58	779	
		2017	Rate	8.28	11.62	16.46	
			Count	46	64	862	
		2018	Rate	7.23	10.04	15.39	
			Count	41	56	814	
	2019	Rate	7.08	8.14	14.40		
		Count	41	46	769		
	2020	Rate	7.46	10.00	18.73		
		Count	44	57	1,008		
	Male	2016	Rate	17.03	20.93	24.21	
			Count	86	108	1,186	
2017		Count	107	142	1,612		

		Rate	20.73	27.01	32.59
2018		Count	95	150	1,487
		Rate	18.05	28.11	29.77
2019		Count	89	145	1,583
		Rate	16.61	26.74	31.41
2020		Count	141	166	2,110
		Rate	25.87	30.28	41.58

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Total Unintentional Medication and Drug Poisoning Deaths, Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina	
Total Unintentional Medication and Drug Poisoning Deaths, North Carolina Residents	All Race/Ethnicity	2016	Count	110	151	1,726	
			Rate	10.51	14.29	17.12	
		2017	Count	131	192	2,225	
			Rate	12.23	17.84	21.85	
		2018	Count	118	191	2,081	
			Rate	10.79	17.50	20.23	
	2019	Count	107	178	2,158		
		Rate	9.60	16.07	20.79		
	2020	Count	175	211	2,942		
		Rate	15.42	18.87	28.14		
	Total Unintentional Medication and Drug Poisoning Deaths, North Carolina Residents by age	Age <20	2016	Count	1	3	27
				Rate	0.36	1.08	1.05
2017			Count	3	3	29	
			Rate	1.06	1.07	1.13	
2018			Count	5	3	24	
			Rate	1.75	1.06	0.93	
2019		Count	1	2	27		
		Rate	0.35	0.70	1.05		
2020		Count	5	6	37		
		Rate	1.75	2.10	1.45		
Age 20-24		2016	Count	15	14	134	
			Rate	22.36	20.61	18.85	
		2017	Count	13	18	203	
			Rate	18.95	26.87	28.43	
		2018	Count	13	14	158	
			Rate	18.42	21.19	22.08	
2019		Count	11	10	149		

		Rate	15.15	15.11	20.62	
		2020	Count	15	20	229
		Rate	20.05	30.18	31.37	
	Age 25-34	2016	Count	32	41	497
			Rate	21.29	22.81	37.79
		2017	Count	49	55	648
			Rate	32.19	30.44	48.75
		2018	Count	41	59	594
			Rate	26.76	32.93	44.27
		2019	Count	42	53	665
			Rate	27.18	29.70	49.12
		2020	Count	51	59	845
	Rate		32.83	33.84	62.27	
	Age 35-44	2016	Count	25	40	419
			Rate	15.07	24.36	32.05
		2017	Count	22	60	547
			Rate	12.96	35.59	41.67
		2018	Count	20	52	533
			Rate	11.54	29.98	40.19
		2019	Count	25	48	543
			Rate	14.18	26.89	40.49
		2020	Count	54	57	796
	Rate		30.19	31.17	58.72	
	Age 45-54	2016	Count	24	28	396
			Rate	15.60	19.46	28.81
		2017	Count	23	31	466
			Rate	14.62	21.18	33.86
		2018	Count	23	32	432
			Rate	14.36	21.64	31.46
		2019	Count	15	32	414
Rate			9.21	21.44	30.32	
2020		Count	26	35	568	
	Rate	15.64	23.18	41.75		
Age 55-64	2016	Count	7	16	193	
		Rate	5.96	14.18	15.22	
	2017	Count	18	20	271	
		Rate	14.72	17.17	21.05	
	2018	Count	13	23	280	
		Rate	10.25	19.17	21.43	
	2019	Count	10	25	291	
		Rate	7.61	20.33	22.00	
	2020	Count	17	23	366	
Rate		12.56	18.32	27.46		

	Age 65+	2016	Count	6	9	60		
			Rate	5.40	8.09	3.89		
		2017	Count	3	5	61		
			Rate	2.55	4.29	3.82		
		2018	Count	3	8	60		
			Rate	2.42	6.57	3.63		
		2019	Count	3	8	69		
			Rate	2.29	6.28	4.04		
		2020	Count	7	11	101		
			Rate	5.08	8.28	5.74		
		Total Unintentional Medication and Drug Poisoning Deaths, North Carolina Residents by race/ethnicity	American Indian and Alaska Native, non-Hispanic	2016	Count	0	0	24
					Rate	0.00	0.00	22.15
2017	Count			0	0	23		
	Rate			0.00	0.00	20.66		
2018	Count			1	0	43		
	Rate			58.28	0.00	39.52		
2019	Count			0	1	52		
	Rate			0.00	44.74	45.71		
2020	Count			0	2	97		
	Rate			0.00	73.26	96.15		
Asian, non-Hispanic	2016			Count	1	0	7	
				Rate	1.44	0.00	2.56	
	2017		Count	2	2	14		
			Rate	2.63	3.25	4.78		
	2018		Count	0	3	9		
			Rate	0.00	4.46	2.96		
	2019		Count	0	2	8		
			Rate	0.00	3.16	2.60		
	2020		Count	3	3	14		
			Rate	3.10	4.19	4.12		
	Black or African American, non-Hispanic		2016	Count	22	45	232	
				Rate	10.51	13.74	10.82	
2017			Count	22	54	280		
			Rate	10.46	16.18	12.87		
2018		Count	20	60	296			
		Rate	9.41	17.59	13.55			
2019		Count	23	48	356			
		Rate	10.30	13.87	16.08			
2020		Count	45	69	573			
		Rate	22.00	21.24	27.19			
Hispanic or Latino		2016	Count	4	4	34		
			Rate					
	2017	Count	6	12	56			

		Year	Rate			
			Count	Rate	Rate	
		2018	Count	6	13	57
			Rate			
		2019	Count	2	9	61
			Rate			
		2020	Count	6	16	104
			Rate	4.68	9.42	9.30
	Other, non-Hispanic	2016	Count	0	1	7
			Rate	0.00	3.48	2.79
		2017	Count	0	1	5
			Rate	0.00	3.12	1.94
		2018	Count	0	2	11
			Rate	0.00	6.99	3.86
	2019	Count	1	2	12	
		Rate	3.99	5.69	4.32	
	2020	Count	2	0	15	
		Rate	3.83	0.00	3.26	
	White, non-Hispanic	2016	Count	83	101	1,422
			Rate	13.15	20.19	22.09
		2017	Count	101	123	1,847
			Rate	15.74	24.41	28.53
		2018	Count	91	113	1,663
			Rate	14.01	22.36	25.56
	2019	Count	81	116	1,669	
		Rate	12.26	22.72	25.47	
2020	Count	119	121	2,138		
	Rate	18.45	24.26	33.87		
Total Unintentional Medication and Drug Poisoning Deaths, North Carolina Residents by sex	Female	2016	Count	34	45	629
			Rate	6.28	8.32	12.14
		2017	Count	34	58	728
			Rate	6.12	10.53	13.91
		2018	Count	32	50	690
			Rate	5.64	8.97	13.04
	2019	Count	24	41	648	
		Rate	4.15	7.25	12.13	
	2020	Count	39	51	909	
		Rate	6.61	8.95	16.89	
	Male	2016	Count	76	106	1,097
			Rate	15.05	20.54	22.39
2017		Count	97	134	1,497	
		Rate	18.79	25.49	30.27	
2018		Count	86	141	1,391	
		Rate	16.34	26.43	27.85	

	2019	Count	83	137	1,510
		Rate	15.49	25.26	29.96
	2020	Count	136	160	2,033
		Rate	24.96	29.18	40.06

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Total Poisoning Deaths, All Intents, Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina	
Total Poisoning Deaths, All Intents, North Carolina Residents	All Race/ Ethnicity	2016	Count	149	175	2,103	
			Rate	14.24	16.56	20.86	
		2017	Count	161	217	2,600	
			Rate	15.03	20.16	25.54	
		2018	Count	146	215	2,431	
			Rate	13.35	19.70	23.64	
	2019	Count	134	201	2,479		
		Rate	12.02	18.15	23.88		
	2020	Count	199	237	3,261		
		Rate	17.54	21.20	31.19		
	Total Poisoning Deaths, All Intents, North Carolina Residents by age	Age <20	2016	Count	3	4	34
				Rate	1.07	1.44	1.33
2017			Count	5	4	41	
			Rate	1.76	1.42	1.60	
2018			Count	5	3	31	
			Rate	1.75	1.06	1.21	
2019			Count	1	3	33	
			Rate	0.35	1.05	1.28	
2020			Count	5	6	47	
			Rate	1.75	2.10	1.84	
Age 20-24			2016	Count	15	14	147
				Rate	22.36	20.61	20.68
		2017	Count	14	19	218	
			Rate	20.40	28.36	30.53	
		2018	Count	15	17	174	
			Rate	21.25	25.73	24.31	
		2019	Count	14	11	166	
			Rate	19.29	16.62	22.98	
		2020	Count	16	23	239	
			Rate	21.39	34.70	32.74	

	Age 25-34	2016	Count	41	44	541
			Rate	27.27	24.47	41.13
		2017	Count	50	60	693
			Rate	32.85	33.21	52.14
		2018	Count	44	61	632
			Rate	28.72	34.04	47.10
	2019	Count	45	55	712	
		Rate	29.13	30.82	52.59	
	2020	Count	56	62	891	
		Rate	36.05	35.56	65.66	
	Age 35-44	2016	Count	30	44	484
			Rate	18.08	26.80	37.02
		2017	Count	30	66	619
			Rate	17.68	39.15	47.15
		2018	Count	27	58	599
			Rate	15.58	33.44	45.17
	2019	Count	34	52	607	
		Rate	19.28	29.13	45.27	
	2020	Count	61	61	851	
		Rate	34.11	33.35	62.78	
	Age 45-54	2016	Count	35	36	497
			Rate	22.75	25.02	36.16
		2017	Count	31	40	583
			Rate	19.71	27.33	42.36
2018		Count	36	38	529	
		Rate	22.48	25.70	38.53	
2019	Count	20	38	488		
	Rate	12.28	25.46	35.74		
2020	Count	31	41	649		
	Rate	18.65	27.15	47.71		
Age 55-64	2016	Count	14	19	297	
		Rate	11.92	16.84	23.43	
	2017	Count	23	22	340	
		Rate	18.81	18.88	26.41	
	2018	Count	15	28	353	
		Rate	11.83	23.34	27.02	
2019	Count	13	30	355		
	Rate	9.90	24.39	26.84		
2020	Count	23	30	428		
	Rate	17.00	23.90	32.12		
Age 65+	2016	Count	11	14	103	
		Rate	9.91	12.59	6.68	
	2017	Count	8	6	106	

		2018	Rate	6.81	5.15	6.64	
			Count	4	10	113	
		2019	Rate	3.22	8.21	6.84	
			Count	7	12	118	
		2020	Rate	5.35	9.42	6.91	
			Count	7	14	156	
Total Poisoning Deaths, All Intents, North Carolina Residents by race/ethnicity	American Indian and Alaska Native, non-Hispanic	2016	Rate	0.00	0.00	22.15	
			Count	0	0	24	
		2017	Rate	0.00	0.00	24.26	
			Count	0	0	27	
		2018	Rate	58.28	0.00	41.36	
			Count	1	0	45	
		2019	Rate	0.00	44.74	49.22	
			Count	0	1	56	
		2020	Rate	0.00	109.89	100.11	
			Count	0	3	101	
		Asian, non-Hispanic	2016	Rate	1.44	1.68	4.03
				Count	1	1	11
	2017		Rate	2.63	3.25	4.78	
			Count	2	2	14	
	2018		Rate	1.28	4.46	4.28	
			Count	1	3	13	
	2019		Rate	1.20	3.16	5.53	
			Count	1	2	17	
	2020		Rate	4.14	5.59	5.59	
			Count	4	4	19	
	Black or African American, non-Hispanic		2016	Rate	13.86	14.35	12.59
				Count	29	47	270
		2017	Rate	12.84	17.37	14.71	
			Count	27	58	320	
2018		Rate	10.82	19.94	15.43		
		Count	23	68	337		
2019		Rate	11.64	14.45	17.88		
		Count	26	50	396		
2020		Rate	22.49	22.17	28.75		
		Count	46	72	606		
Hispanic or Latino		2016	Rate				
			Count	6	4	41	
	2017	Rate					
		Count	8	13	74		
	2018	Rate					
		Count	6	19	71		

		2019	Count	2	12	76	
			Rate				
		2020	Count	8	22	121	
			Rate	6.24	12.95	10.82	
		Other, non-Hispanic	2016	Count	0	2	11
				Rate	0.00	6.96	4.38
	2017		Count	0	1	6	
			Rate	0.00	3.12	2.32	
	2018		Count	0	2	13	
			Rate	0.00	6.99	4.56	
	2019		Count	1	2	15	
			Rate	3.99	5.69	5.40	
	2020	Count	2	0	16		
		Rate	3.83	0.00	3.48		
	White, non-Hispanic	2016	Count	113	121	1,746	
			Rate	17.90	24.19	27.12	
		2017	Count	124	143	2,159	
			Rate	19.32	28.38	33.35	
2018		Count	115	123	1,950		
		Rate	17.71	24.34	29.97		
2019		Count	104	134	1,919		
		Rate	15.75	26.24	29.29		
2020		Count	139	136	2,397		
		Rate	21.55	27.27	37.97		
Total Poisoning Deaths, All Intents, North Carolina Residents by sex	Female	2016	Count	50	63	817	
			Rate	9.23	11.64	15.77	
		2017	Count	47	66	893	
			Rate	8.46	11.98	17.06	
		2018	Count	43	57	852	
			Rate	7.58	10.22	16.11	
	2019	Count	42	48	801		
		Rate	7.26	8.49	15.00		
	Male	2020	Count	48	62	1,045	
			Rate	8.14	10.88	19.42	
		2016	Count	99	112	1,286	
			Rate	19.61	21.71	26.25	
		2017	Count	114	151	1,707	
			Rate	22.08	28.73	34.51	
		2018	Count	103	158	1,579	
			Rate	19.57	29.61	31.62	
		2019	Count	92	153	1,678	
			Rate	17.17	28.21	33.29	
2020		Count	151	175	2,216		
		Rate					

			Rate	27.71	31.92	43.67
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Total Unintentional Poisoning Deaths by Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina		
Total Unintentional Poisoning Deaths, North Carolina Residents	All Race/Ethnicity	2016	Count	123	156	1,822		
			Rate	11.75	14.76	18.07		
		2017	Count	136	199	2,310		
			Rate	12.69	18.49	22.69		
		2018	Count	123	199	2,171		
			Rate	11.25	18.24	21.11		
		2019	Count	109	185	2,245		
			Rate	9.78	16.70	21.62		
		2020	Count	185	222	3,053		
			Rate	16.30	19.85	29.20		
		Total Unintentional Poisoning Deaths, North Carolina Residents by age	Age <20	2016	Count	3	3	30
					Rate	1.07	1.08	1.17
2017	Count			3	3	30		
	Rate			1.06	1.07	1.17		
2018	Count			5	3	25		
	Rate			1.75	1.06	0.97		
2019	Count			1	3	29		
	Rate			0.35	1.05	1.13		
2020	Count			5	6	41		
	Rate			1.75	2.10	1.60		
Age 20-24	2016			Count	15	14	135	
				Rate	22.36	20.61	18.99	
	2017		Count	13	18	206		
			Rate	18.95	26.87	28.85		
	2018		Count	13	16	162		
			Rate	18.42	24.21	22.64		
	2019		Count	12	10	152		
			Rate	16.53	15.11	21.04		
	2020		Count	15	22	233		
			Rate	20.05	33.19	31.92		
	Age 25-34		2016	Count	34	41	506	
				Rate	22.62	22.81	38.47	
2017			Count	49	57	661		
			Rate					

			Rate	32.19	31.54	49.73
		2018	Count	43	60	605
			Rate	28.07	33.48	45.09
		2019	Count	42	54	683
			Rate	27.18	30.26	50.45
		2020	Count	53	61	858
			Rate	34.12	34.99	63.22
	Age 35-44	2016	Count	25	41	434
			Rate	15.07	24.97	33.20
		2017	Count	25	62	568
			Rate	14.73	36.78	43.27
		2018	Count	21	54	550
			Rate	12.11	31.13	41.48
		2019	Count	26	49	561
			Rate	14.74	27.45	41.84
		2020	Count	58	58	817
			Rate	32.43	31.71	60.27
	Age 45-54	2016	Count	30	30	425
			Rate	19.50	20.85	30.92
		2017	Count	25	34	492
			Rate	15.90	23.23	35.75
		2018	Count	25	33	455
			Rate	15.61	22.31	33.14
		2019	Count	15	34	433
			Rate	9.21	22.78	31.71
		2020	Count	28	37	597
			Rate	16.84	24.50	43.89
	Age 55-64	2016	Count	10	16	220
			Rate	8.51	14.18	17.35
		2017	Count	18	20	284
			Rate	14.72	17.17	22.06
		2018	Count	13	24	299
			Rate	10.25	20.01	22.89
		2019	Count	10	27	308
			Rate	7.61	21.95	23.28
		2020	Count	19	26	385
			Rate	14.04	20.71	28.89
	Age 65+	2016	Count	6	11	72
			Rate	5.40	9.89	4.67
		2017	Count	3	5	69
			Rate	2.55	4.29	4.32
		2018	Count	3	9	75

			Rate	2.42	7.39	4.54		
		2019	Count	3	8	79		
			Rate	2.29	6.28	4.63		
		2020	Count	7	12	122		
			Rate	5.08	9.03	6.93		
		Total Unintentional Poisoning Deaths, North Carolina Residents by race/ethnicity	American Indian and Alaska Native, non-Hispanic	2016	Count	0	0	24
					Rate	0.00	0.00	22.15
				2017	Count	0	0	23
Rate	0.00				0.00	20.66		
2018	Count			1	0	45		
	Rate			58.28	0.00	41.36		
2019	Count		0	1	53			
	Rate		0.00	44.74	46.58			
Asian, non-Hispanic	2016		Count	1	0	8		
			Rate	1.44	0.00	2.93		
	2017		Count	2	2	14		
			Rate	2.63	3.25	4.78		
	2018		Count	0	3	9		
			Rate	0.00	4.46	2.96		
2019	Count		0	2	11			
	Rate		0.00	3.16	3.58			
Black or African American, non-Hispanic	2016		Count	26	46	248		
			Rate	12.42	14.04	11.56		
	2017		Count	22	55	290		
			Rate	10.46	16.48	13.33		
	2018		Count	22	63	313		
			Rate	10.35	18.47	14.33		
2019	Count		24	48	374			
	Rate		10.75	13.87	16.89			
Hispanic or Latino	2016	Count	4	4	36			
		Rate						
	2017	Count	7	13	67			
		Rate						
	2018	Count	6	17	63			
		Rate						
2019	Count	2	11	68				
	Rate							

			Rate				
	2020	Count	8	22	118		
		Rate	6.24	12.95	10.55		
	Other, non-Hispanic	2016	Count	0	1	8	
			Rate	0.00	3.48	3.19	
		2017	Count	0	1	5	
			Rate	0.00	3.12	1.94	
		2018	Count	0	2	12	
			Rate	0.00	6.99	4.21	
	2019	Count	1	2	13		
		Rate	3.99	5.69	4.68		
	2020	Count	2	0	15		
		Rate	3.83	0.00	3.26		
	White, non-Hispanic	2016	Count	92	105	1,498	
			Rate	14.57	20.99	23.27	
		2017	Count	105	128	1,911	
			Rate	16.36	25.41	29.52	
		2018	Count	94	114	1,727	
			Rate	14.48	22.55	26.54	
2019	Count	82	121	1,726			
	Rate	12.42	23.70	26.34			
2020	Count	127	124	2,217			
	Rate	19.69	24.87	35.12			
Total Unintentional Poisoning Deaths, North Carolina Residents by sex	Female	2016	Count	35	49	650	
			Rate	6.46	9.06	12.54	
		2017	Count	35	59	752	
			Rate	6.30	10.71	14.36	
		2018	Count	34	51	718	
			Rate	5.99	9.14	13.57	
	2019	Count	24	43	671		
		Rate	4.15	7.61	12.56		
	Male	2016	Count	88	107	1,172	
			Rate	17.43	20.74	23.92	
		2017	Count	101	140	1,558	
			Rate	19.56	26.63	31.50	
2018		Count	89	148	1,453		
		Rate	16.91	27.74	29.09		
2019	Count	85	142	1,574			
	Rate	15.86	26.18	31.23			
2020	Count	143	167	2,117			

			Rate	26.24	30.46	41.72
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Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data. Population denominators for total populations, age groups, and sex groups are from the North Carolina Office of State Budget and Management. Population denominators for race/ethnicity groups are from the US Decennial Census Redistricting dataset in 2020, otherwise the population denominators are from the American Community Survey 1-year estimates.

Drug overdose Emergency Department visits Rate per 100,000 Population

Year	Wake	Mecklenburg
2020	86.3	133.4
2019	74.2	101.9
2018	69.8	108.4
2017	77.3	130.4
2016	72.4	92.1
2015	0.0	0.0
2014	0.0	0.0
2013	0.0	0.0
2012	0.0	0.0
2011	0.0	0.0
2010	0.0	0.0

NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from North Carolina Division of Public Health, Epidemiology Section, North Carolina Disease Tracking and Epidemiologic Collection Tool (NC DETECT), 2016-present

Unintentional Heroin Overdose Deaths by Year, Count and Rate per 100,000

Year	Data Type	Wake	Mecklenburg	North Carolina
2011	Count	6	15	76
	Rate	0.65	1.59	0.79
2012	Count	8	24	148
	Rate	0.84	2.48	1.52
2013	Count	17	22	182
	Rate	1.74	2.22	1.85
2014	Count	26	32	257
	Rate	2.60	3.16	2.58
2015	Count	31	32	380
	Rate	3.03	3.09	3.78
2016	Count	33	42	538
	Rate	3.15	3.98	5.30
2017	Count	36	42	541
	Rate	3.36	3.90	5.27
2018	Count	42	51	622

	Rate	3.85	4.66	5.99
2019	Count	33	54	598
	Rate	2.97	4.86	5.70
2020	Count	59	24	511
	Rate	5.21	2.13	4.82

Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.

Unintentional Other Synthetic Opioid Overdose Deaths, Count and Rate per 100,000

Year	Data Type	Wake	Mecklenburg	North Carolina
2011	Count	3	7	126
	Rate		0.74	1.30
2012	Count	1	7	122
	Rate		0.72	1.25
2013	Count	4	4	94
	Rate			0.95
2014	Count	12	7	185
	Rate	1.20	0.69	1.86
2015	Count	22	20	269
	Rate	2.15	1.93	2.68
2016	Count	48	61	579
	Rate	4.59	5.78	5.71
2017	Count	78	128	1,271
	Rate	7.27	11.89	12.37
2018	Count	72	122	1,257
	Rate	6.59	11.15	12.11
2019	Count	79	121	1,404
	Rate	7.11	10.90	13.39
2020	Count	144		2,228
	Rate	12.72	13.64	21.02

Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.

Benzodiazepine Overdose Deaths by Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina
Benzodiazepine Overdose Deaths	All Race/Ethnicity	2016-2020	Count	148	153	2,236
			Rate	2.70	2.80	4.30
Benzodiazepine Overdose Deaths by age	Age 0-14	2016-2020	Count	0	0	1
			Rate	0.00	0.00	
	Age 15-24	2016-2020	Count	27	13	227

	Age 25-34	2016-2020	Rate	3.70	1.90	3.30	
			Count	50	54	631	
	Age 35-44	2016-2020	Rate	6.20	5.80	9.10	
			Count	32	41	531	
	Age 45-54	2016-2020	Rate	3.90	5.10	8.20	
			Count	23	27	505	
	Age 55-64	2016-2020	Rate	3.00	3.70	7.40	
			Count	14	16	300	
	Age 65+	2016-2020	Rate	2.30	2.70	4.50	
			Count	2	2	41	
	Benzodiazepine Overdose Deaths by race/ethnicity	American Indian and Alaska Native, non-Hispanic	2016-2020	Rate			0.50
				Count	0	0	29
		Asian, non-Hispanic	2016-2020	Rate	0.00	0.00	4.70
				Count	2	3	10
Black or African American, non-Hispanic		2016-2020	Rate			0.60	
			Count	12	27	153	
Hispanic or Latino		2016-2020	Rate	1.10	1.50	1.30	
			Count	4	5	29	
Other/Unknown		2016-2020	Rate		0.70	0.60	
			Count	0	1	12	
White, non-Hispanic		2016-2020	Rate				
			Count	130	117	2,003	
Benzodiazepine Overdose Deaths by sex		Female	2016-2020	Rate	3.90	4.50	6.00
				Count	47	55	914
	Male	2016-2020	Rate	1.70	1.90	3.40	
			Count	101	98	1,322	
			Rate	3.80	3.70	5.20	

Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.

Cocaine Overdose Deaths by Count and Rate per 100,000 Population

Indicator	Year	Data Type	Wake	Mecklenburg	North Carolina	
Cocaine Overdose Deaths	All Race/Ethnicity	2016-2020	Count	243	389	3,676
			Rate	4.50	7.10	7.10
Cocaine Overdose Deaths by age	Age 0-14	2016-2020	Count	0	0	1
			Rate	0.00	0.00	
	Age 15-24	2016-2020	Count	19	28	253
			Rate	2.60	4.00	3.70
	Age 25-34	2016-2020	Count	81	108	1,039
			Rate	10.10	11.60	14.90
Age 35-44	2016-2020	Count	55	105	950	

			Rate	6.70	13.10	14.60
	Age 45-54	2016-2020	Count	53	72	819
			Rate	6.80	9.80	11.90
	Age 55-64	2016-2020	Count	29	63	529
			Rate	4.70	10.50	7.90
	Age 65+	2016-2020	Count	6	13	85
			Rate	0.90	2.10	1.00
Cocaine Overdose Deaths by race/ethnicity	American Indian and Alaska Native, non-Hispanic	2016-2020	Count	0	1	115
			Rate	0.00		18.60
	Asian, non-Hispanic	2016-2020	Count	2	3	15
			Rate			0.90
	Black or African American, non-Hispanic	2016-2020	Count	85	175	1,079
			Rate	7.50	9.90	9.40
	Hispanic or Latino	2016-2020	Count	12	21	115
			Rate	2.10	2.80	2.30
Other/Unknown	2016-2020	Count	1	2	22	
		Rate				
White, non-Hispanic	2016-2020	Count	143	187	2,330	
		Rate	4.30	7.20	7.00	
Cocaine Overdose Deaths by sex	Female	2016-2020	Count	51	103	1,119
			Rate	1.80	3.60	4.20
	Male	2016-2020	Count	192	286	2,557
			Rate	7.20	10.90	10.10

Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.

Commonly Prescribed Opioid Overdose Deaths by Count and Rate per 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina
Commonly Prescribed Opioid Overdose Deaths	All Race/Ethnicity	2016-2020	Count	142	102	2,475
			Rate	2.60	1.90	4.80
Commonly Prescribed Opioid Overdose Deaths by age	Age 0-14	2016-2020	Count	1	0	5
			Rate		0.00	0.10
	Age 15-24	2016-2020	Count	15	6	170
			Rate	2.10	0.90	2.50
	Age 25-34	2016-2020	Count	41	24	577
			Rate	5.10	2.60	8.30
	Age 35-44	2016-2020	Count	33	34	627
			Rate	4.00	4.20	9.70
Age 45-54	2016-2020	Count	33	22	606	
		Rate	4.20	3.00	8.80	

	Age 55-64	2016-2020	Count	17	12	425
			Rate	2.70	2.00	6.30
	Age 65+	2016-2020	Count	2	4	65
			Rate			0.80
Commonly Prescribed Opioid Overdose Deaths by race/ethnicity	American Indian and Alaska Native, non-Hispanic	2016-2020	Count	0	0	59
			Rate	0.00	0.00	9.60
	Asian, non-Hispanic	2016-2020	Count	1	1	10
			Rate			0.60
	Black or African American, non-Hispanic	2016-2020	Count	20	22	201
			Rate	1.80	1.20	1.80
	Hispanic or Latino	2016-2020	Count	4	2	39
			Rate			0.80
Other/Unknown	2016-2020	Count	1	0	12	
		Rate				
White, non-Hispanic	2016-2020	Count	116	77	2,154	
		Rate	3.50	3.00	6.50	
Commonly Prescribed Opioid Overdose Deaths by sex	Female	2016-2020	Count	46	45	1,026
			Rate	1.60	1.60	3.80
	Male	2016-2020	Count	96	57	1,449
			Rate	3.60	2.20	5.70

Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.

Psychostimulant Overdose Deaths by Count and Rate by 100,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina
Psychostimulant Overdose Deaths	All Race/Ethnicity	2016-2020	Count	41	78	1,463
			Rate	0.80	1.40	2.80
Psychostimulant Overdose Deaths by age	Age 0-14	2016-2020	Count	0	0	1
			Rate	0.00	0.00	
	Age 15-24	2016-2020	Count	5	10	101
			Rate	0.70	1.40	1.50
	Age 25-34	2016-2020	Count	14	16	432
			Rate	1.70	1.70	6.20
	Age 35-44	2016-2020	Count	15	28	446
			Rate	1.80	3.50	6.90
	Age 45-54	2016-2020	Count	4	18	319
			Rate		2.50	4.60
	Age 55-64	2016-2020	Count	3	5	142
			Rate		0.80	2.10
	Age 65+	2016-2020	Count	0	1	22
			Rate	0.00		0.30

Psychostimulant Overdose Deaths by race/ethnicity	American Indian and Alaska Native, non-Hispanic	2016-2020	Count	0	2	31
			Rate	0.00		5.00
	Asian, non-Hispanic	2016-2020	Count	1	1	6
			Rate			0.40
	Black or African American, non-Hispanic	2016-2020	Count	3	8	89
			Rate		0.50	0.80
	Hispanic or Latino	2016-2020	Count	1	5	24
			Rate		0.70	0.50
	Other/Unknown	2016-2020	Count	0	0	7
			Rate			
	White, non-Hispanic	2016-2020	Count	36	62	1,306
			Rate	1.10	2.40	3.90
Psychostimulant Overdose Deaths by sex	Female	2016-2020	Count	10	17	480
			Rate	0.40	0.60	1.80
	Male	2016-2020	Count	31	61	983
			Rate	1.20	2.30	3.90

Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data.

Reproductive & Child Health

Low Birth Weight by Race, Percent and Count

Indicator+C2:H62		Year	Wake	Mecklenburg	North Carolina
Low Birth Weight (<2500 g) by Race	Hispanic	2015-2019	7.0%	7.6%	7.4%
			706	1,128	6,790
		2014-2018	6.7%	7.5%	7.2%
			666	1,092	6,566
		2013-2017	6.4%	7.5%	7.1%
			623	1,059	6,381
	2012-2016	6.1%	7.6%	6.9%	
		599	1,039	6,186	
	Non-hispanic Total	2015-2019	6.2%	7.5%	6.8%
			601	997	6,091
		2014-2018	7.9%	10.2%	9.6%
			4,252	5,970	48,893
		2013-2017	8.1%	9.9%	9.6%
			4,351	5,860	48,847
2012-2016	8.2%	9.7%	9.5%		
	4,429	5,705	48,522		
	8.3%	9.7%	9.4%		
	4,447	5,656	48,022		

	Non-Hispanic Black	2011-2015	8.4%	9.7%	9.4%
			4,441	5,564	47,866
		2015-2019	12.6%	14.5%	14.5%
			1,763	3,391	20,811
		2014-2018	12.5%	14.1%	14.2%
			1,735	3,304	20,450
		2013-2017	12.7%	13.8%	14.1%
			1,788	3,201	20,224
	2012-2016	12.4%	13.7%	13.9%	
		1,757	3,146	19,889	
	Non-Hispanic Other	2011-2015	12.5%	13.8%	13.9%
			1,777	3,116	19,908
		2015-2019	7.8%	10.1%	9.5%
			508	717	3,405
		2014-2018	7.9%	9.5%	9.4%
			500	671	3,350
		2013-2017	8.1%	9.2%	9.4%
			486	631	3,274
	2012-2016	8.5%	9.6%	9.3%	
		482	616	3,164	
Non-Hispanic White	2011-2015	8.5%	9.6%	9.2%	
		456	579	3,023	
	2015-2019	6.0%	6.6%	7.5%	
		1,981	1,862	24,677	
	2014-2018	6.3%	6.6%	7.6%	
		2,116	1,885	25,047	
	2013-2017	6.4%	6.5%	7.5%	
		2,155	1,873	25,024	
2012-2016	6.6%	6.6%	7.5%		
	2,208	1,894	24,969		
Low Birth Weight (<2500 g) Trend	All Race/Ethnicity	2015-2019	7.8%	9.7%	9.3%
			4,958	7,098	55,683
		2014-2018	7.9%	9.5%	9.2%
			5,017	6,952	55,413
		2013-2017	7.9%	9.3%	9.1%
			5,052	6,764	54,903
		2012-2016	8.0%	9.3%	9.0%
5,046	6,695		54,208		
2011-2015	8.0%	9.3%	9.0%		
	5,042	6,561	53,957		

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 5-year data.

Prenatal Care First Trimester by Race, Percent and Count

Indicator		Year	Wake	Mecklenburg	North Carolina
Prenatal Care by Race	Hispanic	2019	46.0%	48.3%	55.9%
			962	1,507	10,676
		2018	50.4%	51.5%	57.5%
			1,019	1,521	10,565
		2017	49.4%	54.0%	58.2%
			992	1,583	10,741
	2016	42.6%	59.1%	58.0%	
		861	1,748	10,654	
	2015	47.3%	55.6%	57.4%	
		936	1,618	10,373	
	Non-Hispanic African American	2019	53.5%	56.9%	61.0%
			1,560	2,563	17,688
		2018	57.2%	58.2%	60.5%
			1,541	2,737	17,366
		2017	54.6%	58.0%	60.8%
			1,480	2,700	17,601
	2016	52.4%	61.7%	61.4%	
		1,459	2,898	17,428	
	2015	53.2%	57.5%	59.0%	
		1,539	2,732	16,985	
	Non-Hispanic Other	2019	67.6%	61.7%	65.4%
			925	828	4,656
		2018	72.9%	61.5%	63.4%
			1,019	861	4,591
2017		67.9%	64.2%	64.1%	
		876	974	4,725	
2016	70.0%	66.2%	66.1%		
	930	942	4,746		
2015	68.7%	66.6%	65.0%		
	794	936	4,520		
Non-Hispanic White	2019	74.6%	71.5%	74.2%	
		4,712	3,879	47,105	
	2018	78.0%	72.5%	74.8%	
		5,045	4,056	48,343	
	2017	77.8%	73.8%	75.6%	
		5,195	4,162	49,361	
2016	77.7%	74.2%	75.6%		
	5,351	4,299	50,491		
2015	79.1%	75.7%	74.6%		
	5,411	4,381	50,009		
Prenatal Care Trend	All Race/Ethnicity	2019	64.3%	61.0%	67.5%
			8,159	8,777	80,125
		2018	68.6%	62.6%	68.0%

		8,624	9,175	80,865
2017		67.4%	63.9%	68.6%
		8,543	9,419	82,428
2016		66.1%	66.5%	69.0%
		8,601	9,887	83,319
2015		67.5%	65.1%	67.8%
		8,680	9,667	81,887

NC Department of Health and Human Services, North Carolina State Center for Health Statistics

Prenatal Smoking, Percent and Count

Year	Wake	Mecklenburg	North Carolina
2020	1.6%	1.6%	6.8%
	200	235	7,923
2019	2.0%	1.8%	7.6%
	259	262	8,991
2018	2.0%	2.3%	8.4%
	247	338	9,938
2017	2.0%	2.7%	8.7%
	253	398	10,399
2016	2.3%	3.2%	8.9%
	303	469	10,776
2015	2.8%	3.3%	9.3%
	354	496	11,297

NC Department of Health and Human Services, North Carolina State Center for Health Statistics

Preterm Births, Percent and Count

Indicator		Year	Wake	Mecklenburg	North Carolina
Preterm Births by Race	Hispanic	2019	8.0%	9.9%	9.4%
			168	308	1,801
		2018	8.2%	9.3%	9.1%
			166	276	1,676
		2017	8.2%	9.6%	9.2%
			164	280	1,694
	Non-Hispanic African American	2016	8.0%	9.2%	9.0%
			162	272	1,651
		2015	9.3%	8.1%	8.7%
			184	237	1,565
		2019	13.0%	14.5%	14.3%
			378	652	4,132
2018	10.6%	14.0%	13.6%		
	285	660	3,920		
2017	12.6%	13.6%	13.7%		
	340	635	3,977		

		2016	12.3%	13.1%	13.7%
			344	616	3,904
		2015	13.0%	14.0%	14.0%
			376	667	4,018
	Non-Hispanic Other	2019	6.1%	9.2%	9.1%
			84	123	648
		2018	8.2%	8.2%	9.3%
			115	115	674
		2017	8.1%	7.8%	9.2%
			104	119	676
		2016	8.0%	8.4%	9.7%
			106	120	699
	2015	7.7%	7.9%	9.2%	
		89	111	638	
Non-Hispanic White	2019	7.2%	8.7%	9.5%	
		453	470	6,061	
	2018	8.1%	7.7%	9.4%	
		527	431	6,075	
	2017	7.8%	8.7%	9.5%	
		520	492	6,233	
	2016	7.9%	8.1%	9.4%	
		545	470	6,295	
2015	8.0%	8.0%	9.1%		
	550	461	6,088		
Preterm Births Trend	All Race/Ethnicity	2019	8.5%	10.8%	10.6%
			1,083	1,553	12,642
	2018	8.7%	10.1%	10.4%	
		1,093	1,482	12,345	
	2017	8.9%	10.3%	10.5%	
		1,128	1,526	12,580	
	2016	8.9%	9.9%	10.4%	
		1,157	1,478	12,549	
2015	9.3%	9.9%	10.2%		
	1,199	1,476	12,309		

NC Department of Health and Human Services, North Carolina State Center for Health Statistics

Percentage of Child Neglect and Abuse Reports that are Substantiated, Percent and Count

Indicator		Year	Wake	Mecklenburg	North Carolina
Substantiated Child Neglect and Abuse by Age	Age 0 to 5	FY 2019-2020	28.1%	22.5%	23.6%
			555	1,093	10,915
		FY 2018-2019	30.9%	20.6%	25.0%
			747	1,112	12,073

		FY 2017-2018	32.1%	18.1%	25.4%
			786	1,001	12,727
		FY 2016-2017	27.9%	19.3%	26.2%
			703	1,046	13,172
		FY 2015-2016	27.7%	21.6%	27.2%
			690	1,229	13,787
		FY 2014-2015	25.7%	19.0%	26.4%
			710	1,038	13,673
		FY 2013-2014	26.3%	18.7%	26.5%
			741	998	13,986
		FY 2012-2013	27.2%	18.2%	25.9%
			840	1,033	13,820
	FY 2011-2012	32.0%	19.2%	28.0%	
		895	1,088	15,500	
	FY 2010-2011	31.0%	18.4%	29.2%	
		887	997	16,000	
	FY 2009-2010	32.8%	21.1%	30.2%	
		993	1,063	15,801	
	Age 6 to 12	FY 2019-2020	24.7%	19.4%	19.5%
			522	930	8,714
		FY 2018-2019	28.2%	16.8%	20.7%
			784	960	10,140
		FY 2017-2018	26.5%	14.7%	21.1%
			795	827	10,726
		FY 2016-2017	25.7%	16.2%	21.6%
			744	892	10,789
		FY 2015-2016	23.4%	17.3%	22.8%
			687	984	11,502
		FY 2014-2015	19.9%	13.9%	22.1%
			635	771	11,265
		FY 2013-2014	20.3%	15.1%	22.4%
			649	771	11,292
		FY 2012-2013	21.1%	14.2%	21.6%
		687	786	10,777	
FY 2011-2012		27.7%	15.9%	24.5%	
		838	844	12,410	
FY 2010-2011	26.3%	14.4%	25.1%		
	806	712	12,327		
FY 2009-2010	26.2%	16.9%	25.7%		
	808	792	12,135		
Age 13 to 17	FY 2019-2020	25.2%	18.9%	18.8%	
		312	489	4,625	
		28.2%	14.1%	19.1%	

		FY 2018-2019	432	430	4,965	
		FY 2017-2018	26.4%	15.8%	20.4%	
			421	468	5,366	
		FY 2016-2017	27.2%	15.4%	20.9%	
			442	446	5,465	
		FY 2015-2016	20.9%	16.6%	20.8%	
			343	506	5,584	
		FY 2014-2015	21.4%	13.4%	21.1%	
			380	395	5,747	
		FY 2013-2014	21.7%	13.8%	21.3%	
			402	390	5,801	
		FY 2012-2013	23.6%	13.8%	21.2%	
			436	422	5,652	
		FY 2011-2012	28.0%	15.4%	23.2%	
			476	462	6,452	
		FY 2010-2011	27.1%	13.6%	23.5%	
			458	370	6,371	
		FY 2009-2010	24.0%	17.5%	24.4%	
			421	497	6,589	
		Missing Age Information	FY 2019-2020	50.0%	20.6%	28.9%
				3	7	123
			FY 2018-2019	5.9%	30.2%	30.2%
				1	13	134
			FY 2017-2018	33.3%	15.7%	27.6%
				4	8	124
	FY 2016-2017	35.3%	23.6%	32.1%		
		6	13	144		
	FY 2015-2016	50.0%	39.6%	34.2%		
		6	19	167		
	FY 2014-2015	20.6%	26.5%	31.8%		
		7	13	163		
	FY 2013-2014	33.3%	10.2%	28.4%		
		8	5	147		
	FY 2012-2013	60.0%	23.7%	27.0%		
		6	14	148		
	FY 2011-2012	32.0%	19.1%	26.7%		
		8	13	152		
	FY 2010-2011	29.3%	30.9%	30.8%		
		12	21	167		
	FY 2009-2010	35.1%	30.2%	32.1%		
		13	19	181		
		24.2%	22.5%	19.5%		

Substantiated Child Neglect and Abuse by Race/Ethnicity	Black/African American	FY 2019-2020	598	1,549	8,079	
		FY 2018-2019	28.5%	916	1,561	9,254
FY 2017-2018	29.6%	1,009	1,391	9,622	21.0%	
FY 2016-2017	26.5%	926	1,362	9,820	21.7%	
FY 2015-2016	24.0%	801	1,589	10,101	22.2%	
FY 2014-2015	21.4%	789	1,298	9,407	20.9%	
FY 2013-2014	22.3%	857	1,289	9,673	21.2%	
FY 2012-2013	23.1%	968	1,356	9,543	21.0%	
FY 2011-2012	30.5%	1,168	1,501	10,956	23.7%	
FY 2010-2011	31.0%	1,157	1,253	11,157	24.5%	
FY 2009-2010	29.7%	1,173	1,478	11,527	26.1%	
Hispanic	FY 2019-2020	33.0%	344	349	2,784	19.9%
	FY 2018-2019	31.6%	340	356	2,895	19.6%
	FY 2017-2018	27.5%	323	398	2,970	20.4%
	FY 2016-2017	31.1%	362	467	3,131	21.3%
	FY 2015-2016	22.9%	290	439	3,280	21.6%
	FY 2014-2015	23.4%	324	331	3,469	22.5%
	FY 2013-2014	22.1%	294	305	3,241	22.1%
	FY 2012-2013	26.8%	331	363	3,223	22.2%
	FY 2011-2012	27.3%	332	368	3,546	23.7%
	FY 2010-2011	24.4%	305	295	3,442	24.4%
			26.4%		17.6%	25.4%

		FY 2009-2010	335	347	3,499		
American Indian/Alaskan	FY 2019-2020	42.9%	3	21.1%	4	33.7%	745
	FY 2018-2019	50.0%	4	18.5%	5	30.0%	661
	FY 2017-2018	0.0%	0	11.1%	2	27.5%	642
	FY 2016-2017	33.3%	3	15.4%	4	30.3%	601
	FY 2015-2016	0.0%	0	15.4%	2	28.8%	706
	FY 2014-2015	20.0%	1	5.3%	1	30.3%	866
	FY 2013-2014	18.2%	2	0.0%	0	29.5%	858
FY 2012-2013	63.6%	7	22.2%	2	30.4%	859	
FY 2011-2012	0.0%	0	12.5%	2	30.2%	896	
FY 2010-2011	16.7%	1	0.0%	0	30.4%	787	
FY 2009-2010	25.0%	1	12.5%	1	27.6%	677	
Non-Hispanic	FY 2019-2020	24.4%	1,048	22.2%	2,170	21.2%	21,593
	FY 2018-2019	28.6%	1,624	18.8%	2,159	22.4%	24,417
	FY 2017-2018	28.6%	1,683	16.5%	1,906	22.9%	25,973
	FY 2016-2017	26.0%	1,533	17.2%	1,930	23.6%	26,439
	FY 2015-2016	24.7%	1,436	19.3%	2,299	24.5%	27,760
	FY 2014-2015	22.0%	1,408	16.0%	1,886	23.8%	27,379
FY 2013-2014	22.9%	1,506	16.7%	1,859	24.1%	27,985	
FY 2012-2013	23.5%	1,638	15.9%	1,892	23.5%	27,174	
FY 2011-2012	29.8%	1,885	17.4%	2,039	25.9%	30,968	
		29.0%		16.2%		26.7%	

		FY 2010-2011	1,858	1,805	31,423
		FY 2009-2010	28.6%	19.0%	27.5%
	Other Races		1,900	2,024	31,207
		FY 2019-2020	24.5%	19.2%	21.4%
			109	699	2,827
		FY 2018-2019	29.6%	15.3%	20.3%
			174	661	2,892
		FY 2017-2018	25.9%	15.7%	21.1%
			142	639	3,024
		FY 2016-2017	32.7%	17.4%	22.1%
			176	704	3,226
		FY 2015-2016	27.3%	18.9%	23.0%
			138	761	3,323
		FY 2014-2015	24.1%	16.0%	22.6%
			144	599	3,085
		FY 2013-2014	29.3%	15.5%	21.8%
			155	545	2,919
		FY 2012-2013	29.1%	15.4%	21.4%
		134	593	2,679	
	FY 2011-2012	29.9%	16.2%	23.2%	
		131	595	2,929	
	FY 2010-2011	31.4%	16.5%	24.8%	
		144	548	2,967	
	FY 2009-2010	35.7%	17.0%	25.4%	
		157	523	2,845	
	White	FY 2019-2020	28.3%	15.5%	21.5%
			682	267	12,726
		FY 2018-2019	29.5%	15.1%	23.1%
		870	288	14,505	
FY 2017-2018		27.7%	14.3%	24.0%	
		855	272	15,655	
FY 2016-2017		26.1%	16.4%	24.5%	
		790	327	15,923	
FY 2015-2016		24.4%	19.3%	25.5%	
		787	386	16,910	
FY 2014-2015	22.9%	15.5%	25.4%		
	798	319	17,490		
FY 2013-2014	22.4%	16.8%	25.7%		
	786	330	17,776		
FY 2012-2013	24.2%	14.0%	24.9%		
	860	304	17,316		
		28.1%	13.7%	27.1%	

		FY 2011-2012	918	309	19,733
		FY 2010-2011	25.0%	14.2%	27.9%
			861	299	19,954
		FY 2009-2010	25.7%	17.4%	28.4%
			904	369	19,657
Substantiated Child Neglect and Abuse by Sex	Female	FY 2019-2020	27.2%	20.8%	21.3%
			693	1,263	12,261
		FY 2018-2019	29.2%	17.6%	22.1%
			965	1,231	13,479
		FY 2017-2018	27.1%	16.5%	22.8%
			926	1,158	14,297
		FY 2016-2017	26.9%	17.0%	23.5%
			935	1,173	14,682
		FY 2015-2016	24.4%	19.5%	24.5%
			860	1,402	15,616
	FY 2014-2015	22.4%	15.7%	23.9%	
		864	1,077	15,343	
	FY 2013-2014	23.3%	16.9%	23.9%	
		930	1,093	15,478	
	FY 2012-2013	24.7%	16.3%	23.6%	
		1,001	1,162	15,090	
	FY 2011-2012	29.1%	17.3%	25.7%	
		1,079	1,199	16,989	
	FY 2010-2011	28.7%	16.0%	26.6%	
		1,083	1,044	17,274	
FY 2009-2010	28.8%	19.0%	27.6%		
	1,129	1,170	17,282		
	Male	FY 2019-2020	25.1%	20.3%	20.7%
			699	1,256	12,116
		FY 2018-2019	29.0%	17.7%	22.0%
			999	1,284	13,833
		FY 2017-2018	29.7%	16.0%	22.5%
			1,080	1,146	14,646
		FY 2016-2017	26.7%	17.6%	23.2%
			960	1,224	14,888
		FY 2015-2016	24.4%	18.3%	23.8%
			866	1,336	15,424
	FY 2014-2015	22.2%	15.8%	23.4%	
		868	1,140	15,505	
	FY 2013-2014	22.3%	15.7%	23.8%	
		870	1,071	15,748	
			23.3%	15.1%	23.1%

		FY 2012-2013	968	1,093	15,307
		FY 2011-2012	29.7%	17.0%	25.7%
			1,138	1,208	17,525
		FY 2010-2011	27.9%	15.9%	26.4%
			1,080	1,056	17,591
		FY 2009-2010	27.8%	18.6%	27.0%
			1,106	1,201	17,424
Substantiated Child Neglect and Abuse Total	Total	FY 2019-2020	26.1%	20.5%	21.0%
			1,392	2,519	24,377
		FY 2018-2019	29.1%	17.7%	22.1%
			1,964	2,515	27,312
		FY 2017-2018	28.4%	16.2%	22.6%
			2,006	2,304	28,943
		FY 2016-2017	26.8%	17.3%	23.3%
			1,895	2,397	29,570
		FY 2015-2016	24.4%	18.9%	24.2%
			1,726	2,738	31,040
		FY 2014-2015	22.3%	15.8%	23.6%
			1,732	2,217	30,848
		FY 2013-2014	22.8%	16.3%	23.9%
			1,800	2,164	31,226
	FY 2012-2013	24.0%	15.7%	23.3%	
		1,969	2,255	30,397	
	FY 2011-2012	29.4%	17.1%	25.7%	
		2,217	2,407	34,514	
	FY 2010-2011	28.3%	15.9%	26.5%	
		2,163	2,100	34,865	
	FY 2009-2010	28.3%	18.8%	27.3%	
		2,235	2,371	34,706	

University of North Carolina at Chapel Hill Jordan Institute for Families, Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). File sent by communication with Steve Guest

Pregnancy by Race and Trend, Count and Rate per 1,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina
Pregnancy by Race	Hispanic	2011-2015	Count	11,340	15,871	100,993
			Rate	95.90	106.20	101.00
		2012-2016	Count	11,393	16,312	101,340
			Rate	95.40	107.00	100.50
		2013-2017	Count	11,523	16,742	102,458
			Rate	93.30	106.40	98.80
		2014-2018	Count	11,794	17,321	104,077

			Rate	93.70	107.40	98.60		
		2015-2019	Count	12,084	17,962	106,247		
	Non-Hispanic African American	2011-2015		Rate	93.30	107.80	97.80	
			Count	20,828	32,135	193,962		
		2012-2016		Rate	80.40	80.40	80.20	
			Count	20,698	32,680	194,310		
		2013-2017		Rate	78.90	79.80	79.50	
			Count	20,593	33,161	195,611		
		2014-2018		Rate	77.80	79.20	79.50	
			Count	20,615	34,000	196,897		
		2015-2019		Rate	77.10	79.80	79.40	
			Count	20,818	34,467	198,182		
	Non-Hispanic Other	2011-2015		Rate	77.10	79.50	79.40	
			Count	6,290	6,911	37,763		
		2012-2016		Rate	75.50	90.50	78.10	
			Count	6,653	7,306	38,909		
		2013-2017		Rate	75.80	90.90	78.10	
			Count	6,995	7,785	40,068		
		2014-2018		Rate	74.90	91.10	77.60	
			Count	7,433	8,037	41,047		
		2015-2019		Rate	74.60	89.30	76.70	
			Count	7,674	8,157	41,433		
	Non-Hispanic White	2011-2015		Rate	73.20	87.80	75.50	
			Count	38,131	33,059	376,481		
		2012-2016		Rate	60.40	63.50	63.10	
			Count	38,357	33,094	375,248		
		2013-2017		Rate	59.90	63.00	62.90	
			Count	38,377	33,006	373,063		
2014-2018			Rate	59.20	62.50	62.60		
		Count	38,255	32,868	371,620			
2015-2019			Rate	58.20	61.80	62.30		
		Count	37,695	32,462	367,002			
Pregnancy Trend	All Race/Ethnicity	2011-2015		Rate	56.70	60.40	61.40	
			Count	77,037	88,567	712,161		
		2012-2016		Rate	70.60	77.30	72.20	
			Count	77,612	90,090	713,288		
		2013-2017		Rate	69.90	77.10	71.90	
			Count	78,058	91,531	715,309		
		2014-2018		Rate	69.10	76.90	71.70	
			Count	78,721	93,190	718,501		
		2015-2019		Rate	68.50	77.10	71.60	
			Count	78,990	94,146	718,533		
					Rate	67.50	76.50	71.10

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics, 5-year data

Fertility By Race and Trend, Count and Rate per 1,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina	
Fertility by Race	Hispanic	2011-2015	Count	9,702	13,337	89,536	
			Rate	82.00	89.20	89.60	
		2012-2016	Count	9,768	13,726	89,674	
			Rate	81.80	90.00	88.90	
		2013-2017	Count	9,803	14,061	90,184	
			Rate	79.40	89.40	86.90	
		2014-2018	Count	9,938	14,504	91,038	
			Rate	78.90	90.00	86.20	
		2015-2019	Count	10,117	14,878	92,361	
			Rate	78.10	89.30	85.10	
		Non-Hispanic African American	2011-2015	Count	14,194	22,550	143,455
				Rate	54.80	56.40	59.30
	2012-2016		Count	14,134	22,929	143,352	
			Rate	53.90	56.00	58.70	
	2013-2017		Count	14,087	23,121	143,929	
			Rate	53.20	55.30	58.50	
	2014-2018		Count	13,874	23,413	143,783	
			Rate	51.90	54.90	58.00	
	2015-2019		Count	13,993	23,312	143,835	
			Rate	51.80	53.80	57.60	
	Non-Hispanic Other		2011-2015	Count	5,360	6,054	32,809
				Rate	64.30	79.30	67.90
		2012-2016	Count	5,701	6,403	33,853	
			Rate	64.90	79.60	68.00	
2013-2017		Count	5,967	6,822	34,797		
		Rate	63.90	79.80	67.40		
2014-2018		Count	6,324	7,054	35,607		
		Rate	63.50	78.30	66.50		
2015-2019		Count	6,538	7,087	35,870		
		Rate	62.40	76.30	65.40		
Non-Hispanic White		2011-2015	Count	33,452	28,721	335,127	
			Rate	53.00	55.20	56.20	
	2012-2016	Count	33,666	28,746	334,410		
		Rate	52.60	54.70	56.00		
	2013-2017	Count	33,786	28,698	332,711		
		Rate	52.10	54.30	55.80		
	2014-2018	Count	33,648	28,562	331,167		
		Rate	51.20	53.70	55.50		
	2015-2019	Count	33,190	28,245	327,306		
		Rate	49.90	52.50	54.80		
	Fertility Trend	All Race/Ethnicity	2011-2015	Count	62,708	70,662	600,927
				Rate	57.40	61.60	60.90
		2012-2016	Count	63,269	71,804	601,289	

		Rate	57.00	61.50	60.60
2013-2017		Count	63,643	72,702	601,621
		Rate	56.30	61.10	60.30
2014-2018		Count	63,784	73,533	601,595
		Rate	55.50	60.80	59.90
2015-2019		Count	63,838	73,522	599,372
		Rate	54.60	59.70	59.30

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics, 5-year data

Abortion Trend and by Race, Count and Rate per 1,000 Population

Indicator		Year	Data Type	Wake	Mecklenburg	North Carolina		
Abortion Trend	All Race/Ethnicity	2011-2015	Count	13,964	17,427	107,136		
			Rate	12.80	15.20	10.90		
		2012-2016	Count	13,976	17,792	107,836		
			Rate	12.60	15.20	10.90		
		2013-2017	Count	14,050	18,304	109,540		
			Rate	12.40	15.40	11.00		
		2014-2018	Count	14,543	19,160	112,740		
			Rate	12.60	15.80	11.20		
		2015-2019	Count	14,777	20,129	115,106		
			Rate	12.60	16.40	11.40		
		Abortion Trend by Race	Hispanic	2011-2015	Count	1,588	2,459	10,979
					Rate	13.40	16.50	11.00
2012-2016	Count			1,584	2,510	11,183		
	Rate			13.30	16.50	11.10		
2013-2017	Count			1,676	2,603	11,770		
	Rate			13.60	16.50	11.30		
2014-2018	Count			1,805	2,737	12,513		
	Rate			14.30	17.00	11.90		
2015-2019	Count			1,919	3,009	13,364		
	Rate			14.80	18.10	12.30		
Non-Hispanic African American	2011-2015			Count	6,470	9,331	48,779	
				Rate	25.00	23.30	20.20	
	2012-2016		Count	6,391	9,494	49,218		
			Rate	24.40	23.20	20.10		
	2013-2017		Count	6,344	9,771	49,985		
			Rate	24.00	23.30	20.30		
	2014-2018		Count	6,576	10,324	51,432		
			Rate	24.60	24.20	20.70		
	2015-2019		Count	6,667	10,875	52,697		
			Rate	24.70	25.10	21.10		
	Non-Hispanic Other		2011-2015	Count	904	830	4,780	
				Rate	10.80	10.90	9.90	
2012-2016			Count	922	877	4,871		
			Rate					

		Rate	10.50	10.90	9.80
	2013-2017	Count	997	932	5,076
		Rate	10.70	10.90	9.80
	2014-2018	Count	1,080	961	5,246
		Rate	10.80	10.70	9.80
	2015-2019	Count	1,103	1,046	5,353
		Rate	10.50	11.30	9.80
Non-Hispanic White	2011-2015	Count	4,554	4,216	39,636
		Rate	7.20	8.10	6.60
	2012-2016	Count	4,568	4,213	39,083
		Rate	7.10	8.00	6.50
	2013-2017	Count	4,463	4,161	38,600
		Rate	6.90	7.90	6.50
	2014-2018	Count	4,458	4,174	38,689
		Rate	6.80	7.80	6.50
	2015-2019	Count	4,369	4,101	38,023
		Rate	6.60	7.60	6.40

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics, 5-year data

Rate of Children in foster care under DSS custody and entering child welfare custody per 1,000 children (under 18)

Indicator	Year	Data Type	Wake	Mecklenburg	North Carolina
Children entering child welfare custody (under 18)	FY 2011-2012	Count	339	320	4,452
		Rate	1.27	1.22	1.74
	FY 2012-2013	Count	312	305	4,702
		Rate	1.16	1.14	1.84
	FY 2013-2014	Count	295	394	5,105
		Rate	1.08	1.46	2.00
	FY 2014-2015	Count	334	337	5,109
		Rate	1.21	1.23	2.00
	FY 2015-2016	Count	243	287	5,199
		Rate	0.86	1.03	2.03
	FY 2016-2017	Count	225	262	5,517
		Rate	0.79	0.93	2.14
	FY 2017-2018	Count	196	207	5,014
		Rate	0.68	0.73	1.94
	FY 2018-2019	Count	181	220	4,985
		Rate	0.62	0.77	1.92
	FY 2019-2020	Count	112	223	4,636
		Rate	0.38	0.78	1.78
Children in foster care under DSS custody (under 18)	FY 2011-2012	Count	846	947	
		Rate	3.18	3.60	
	FY 2012-2013	Count	865	893	

		Rate	3.20	3.35	
FY 2013-2014	Count	898	993		
	Rate	3.29	3.67		
FY 2014-2015	Count	926	1,023		
	Rate	3.34	3.74		
FY 2015-2016	Count	936	919		
	Rate	3.33	3.31		
FY 2016-2017	Count	890	817		
	Rate	3.12	2.90		
FY 2017-2018	Count	775	740		
	Rate	2.68	2.60		
FY 2018-2019	Count	741	723		
	Rate	2.54	2.53		
FY 2019-2020	Count	616	711		
	Rate	2.09	2.48		

University of North Carolina at Chapel Hill Jordan Institute for Families, Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). File sent by communication with Steve Guest

Child Mortality, Count and Rate per 100,000 population ages 0-17 years

Indicator	Year	Data Type	Wake	Mecklenburg	North Carolina	
Bicycle	2010-2014	Count				
		Rate				
	2011-2015	Count	1	0	12	
		Rate	0.10	0.00	0.10	
	2012-2016	Count	1	1	14	
		Rate	0.10	0.10	0.10	
Birth Defects	2010-2014	Count	92	94	914	
		Rate	7.60	7.80	8.00	
	2011-2015	Count	88	100	901	
		Rate	7.20	8.20	7.90	
	2012-2016	Count	73	101	908	
		Rate	5.90	8.10	7.90	
	2013-2017	Count	65	94	874	
		Rate	5.10	7.50	7.60	
	2014-2018	Count	65	96	880	
		Rate	5.10	7.50	7.70	
	2015-2019	Count	71	109	903	
		Rate	5.50	8.50	7.90	
	Drowning	2010-2014	Count	11	11	142
			Rate	0.90	0.90	1.20
2011-2015		Count	12	10	124	
		Rate	1.00	0.80	1.10	

	2012-2016	Count	14	8	129	
		Rate	1.10	0.60	1.10	
	2013-2017	Count	11	12	125	
		Rate	0.90	1.00	1.10	
	2014-2018	Count	7	13	129	
		Rate	0.50	1.00	1.10	
2015-2019	Count	8	10	121		
	Rate	0.60	0.80	1.10		
Fire and Flame	2010-2014	Count	2	4	40	
		Rate	0.20	0.30	0.40	
Homicide	2010-2014	Count	11	24	205	
		Rate	0.90	2.00	1.80	
	2011-2015	Count	14	18	214	
		Rate	1.10	1.50	1.90	
	2012-2016	Count	14	20	224	
		Rate	1.10	1.60	2.00	
	2013-2017	Count	12	22	232	
		Rate	0.90	1.70	2.00	
	2014-2018	Count	12	21	242	
		Rate	0.90	1.70	2.10	
	2015-2019	Count	14	30	264	
		Rate	1.10	2.30	2.30	
	Illnesses	2010-2014	Count	116	133	1,327
			Rate	9.60	11.00	11.60
2011-2015		Count	116	137	1,302	
		Rate	9.40	11.20	11.40	
2012-2016		Count	111	147	1,324	
		Rate	8.90	11.80	11.60	
2013-2017		Count	114	142	1,323	
		Rate	9.00	11.30	11.60	
2014-2018		Count	118	143	1,313	
		Rate	9.20	11.20	11.40	
2015-2019		Count	122	146	1,304	
		Rate	9.40	11.40	11.30	
Motor Vehicle		2010-2014	Count	37	24	488
			Rate	3.10	2.00	4.30
	2011-2015	Count	32	25	471	
		Rate	2.60	2.00	4.10	
	2012-2016	Count	32	28	475	
		Rate	2.60	2.30	4.20	
	2013-2017	Count	29	22	471	
		Rate	2.30	1.70	4.10	
	2014-2018	Count	29	22	462	
		Rate	2.30	1.70	4.00	

	2015-2019	Count	25	27	463
		Rate	1.90	2.10	4.00
Other Causes	2010-2014	Count	35	34	523
		Rate	2.90	2.80	4.60
	2011-2015	Count	37	40	582
		Rate	3.00	3.30	5.10
	2012-2016	Count	35	42	616
		Rate	2.80	3.40	5.40
	2013-2017	Count	37	47	645
		Rate	2.90	3.70	5.60
	2014-2018	Count	40	51	713
		Rate	3.10	4.00	6.20
2015-2019	Count	39	55	698	
	Rate	3.00	4.30	6.10	
Other Injuries	2010-2014	Count	12	8	122
		Rate	1.00	0.70	1.10
	2011-2015	Count	14	8	152
		Rate	1.10	0.70	1.30
	2012-2016	Count	10	4	142
		Rate	0.80	0.30	1.20
	2013-2017	Count	12	6	136
		Rate	0.90	0.50	1.20
	2014-2018	Count	10	7	109
		Rate	0.80	0.60	0.90
2015-2019	Count	10	11	117	
	Rate	0.80	0.90	1.00	
Perinatal Cond	2010-2014	Count	213	221	2,282
		Rate	17.60	18.30	20.00
	2011-2015	Count	210	234	2,333
		Rate	17.10	19.10	20.40
	2012-2016	Count	203	256	2,327
		Rate	16.30	20.60	20.40
	2013-2017	Count	194	251	2,350
		Rate	15.40	19.90	20.50
	2014-2018	Count	201	243	2,287
		Rate	15.70	19.10	19.90
2015-2019	Count	212	223	2,227	
	Rate	16.40	17.40	19.40	
Poisoning	2010-2014	Count	1	2	53
		Rate	0.10	0.20	0.50
	2011-2015	Count	1	3	57
		Rate	0.10	0.20	0.50
	2012-2016	Count	1	1	48
		Rate	0.10	0.10	0.40

	2013-2017	Count	3	3	47
		Rate	0.20	0.20	0.40
	2014-2018	Count	3	2	40
		Rate	0.20	0.20	0.30
	2015-2019	Count	4	4	38
		Rate	0.30	0.30	0.30
SIDS	2010-2014	Count	4	11	182
		Rate	0.30	0.90	1.60
	2011-2015	Count	3	8	141
		Rate	0.20	0.70	1.20
	2012-2016	Count	2	4	104
		Rate	0.20	0.30	0.90
	2013-2017	Count	2	4	85
		Rate	0.20	0.30	0.70
	2014-2018	Count	2	2	65
		Rate	0.20	0.20	0.60
	2015-2019	Count	3	0	44
		Rate	0.20	0.00	0.40
Suffocation/Choking/Strangulation	2010-2014	Count	9	15	138
		Rate	0.70	1.20	1.20
	2011-2015	Count	12	12	139
		Rate	1.00	1.00	1.20
	2012-2016	Count	11	16	144
		Rate	0.90	1.30	1.30
	2013-2017	Count	9	18	132
		Rate	0.70	1.40	1.20
	2014-2018	Count	11	18	125
		Rate	0.90	1.40	1.10
	2015-2019	Count	10	23	138
		Rate	0.80	1.80	1.20
Suicide	2010-2014	Count	11	22	161
		Rate	0.90	1.80	1.40
	2011-2015	Count	13	21	173
		Rate	1.10	1.70	1.50
	2012-2016	Count	12	26	194
		Rate	1.00	2.10	1.70
	2013-2017	Count	14	24	203
		Rate	1.10	1.90	1.80
	2014-2018	Count	18	22	221
		Rate	1.40	1.70	1.90
	2015-2019	Count	19	19	211
		Rate	1.50	1.50	1.80
Total	2010-2014	Count	554	603	6,577
		Rate	45.70	49.90	57.60

	2011-2015	Count	553	616	6,601
		Rate	45.00	50.30	57.80
	2012-2016	Count	519	654	6,649
		Rate	41.60	52.60	58.20
	2013-2017	Count	502	645	6,623
		Rate	39.70	51.20	57.80
	2014-2018	Count	516	640	6,586
		Rate	40.30	50.30	57.40
	2015-2019	Count	537	657	6,528
		Rate	41.50	51.20	56.80

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics, 5-year data. CDC WONDER Bridged-Race Population Estimates for population denominators.

Health Behaviors

Childhood Vaccination

Year	Wake
2016	81.0%
2017	89.0%
2018	91.0%
2019	89.0%
2020	93.0%

North Carolina Immunization Registry (NCIR,12/13/2021)

APPENDIX 7: HEALTH RESOURCES INVENTORY

Health Care Facilities

Acute Care Hospitals	City	Website	Phone Number
Duke Raleigh Hospital	Raleigh	https://www.dukehealth.org/hospitals/duke-raleigh-hospital	919-954-3000
UNC Rex Hospital	Raleigh	https://www.rexhealth.com/rh/	919-784-3100
WakeMed Raleigh	Raleigh	https://www.wakemed.org/location/raleigh-campus	919-350-8000
WakeMed Cary	Cary	https://www.wakemed.org/location/cary-hospital	919-350-8000

Source: DHHS Licensed Facilities as of May 14, 2021

Ambulatory Surgery/GI Endoscopy Centers	City	Website	Phone Number
Blue Ridge Surgery Center	Raleigh	https://blueridgesurgerycenter.com/	919-781-4311
Capital City Surgery Center	Raleigh	https://www.capitalcitysurgery.com/	919-322-4800
Center for Digestive Diseases & Cary Endoscopy CTR, PC	Cary	https://centerfordigestivediseases.com/	919-854-0041
Duke GI at Brier Creek	Raleigh	https://www.dukehealth.org/locations/duke-gastroenterology-clinic-brier-creek	919-405-2341
Gastrointestinal Healthcare, PA	Raleigh	https://www.giraleigh.com/	919-870-1311
Holly Springs Surgery Center, LLC	Holly Springs	https://hssurgery.com/	919-762-4030
Kurt Vernon, MD PA	Fuquay-Varina	https://giguy.net/	919-577-0085
RAC Surgery Center, LLC	Raleigh	No website found	919-747-7820
Raleigh Endoscopy Center	Raleigh	https://raleighendoscopy.com/locations/	919-249-5246
Raleigh Endoscopy Center – Cary	Cary	https://raleighendoscopy.com/locations/	919-249-5087
Raleigh Endoscopy Center – North	Raleigh	https://raleighendoscopy.com/locations/	919-249-5902
Raleigh Orthopaedic Surgery Center	Raleigh	https://www.raleighortho.com/location/s/surgery-center/	919-719-3070
Raleigh Orthopaedic Surgery Center – West Cary	Cary	https://www.raleighortho.com/location/s/panther-creek-surgery-center/	919-582-3050

Raleigh Plastic Surgery Center, Inc.	Raleigh	https://raleighplasticsurgery.com/	919-872-2616
REX Surgery Center of Cary, LLC	Cary	https://www.rexhealth.com/rh/hospital-s-locations/profile/rex-surgery-center-of-cary/	919-415-1360
REX Surgery Center of Wakefield	Raleigh	https://www.rexhealth.com/rh/hospital-s-locations/profile/rex-surgery-center-of-wakefield/	919-570-7500
Surgical Center for Dental Professionals of Raleigh	Raleigh	https://www.dentalsurgicalcenter.com/	919-526-1000
Triangle Gastroenterology	Raleigh	http://www.trianglegi.com/home.php	919-881-9999
Triangle Orthopedics Surgery Center, LLC	Raleigh	http://www.triangleorthosurgerycenter.com/	919-596-8524
W.F. Endoscopy Center, LLC	Wake Forest	https://wfendo.com/	919-439-3393
Wake Endoscopy Center, LLC	Raleigh	https://wakeendoscopy.com/	919-783-4888

Source: DHHS Licensed Facilities as of May 14, 2021

Nursing Facilities	City	Website	Phone Number
BellaRose Nursing and Rehab	Garner	http://www.bellarosehealth.com/	919-985-8400
Brittany Place	Cary	No website found	919-234-0318
Capital Nursing and Rehabilitation Center	Raleigh	https://libertyhealthcareandrehab.com/capitalnursing/	919-231-6045
Cary Health and Rehabilitation Center	Cary	https://centers.consulatehealthcare.com/II/US/NC/Cary/6590-Tryon-Rd	919-851-8000
Dan E & Mary Louise Stewart Health Center	Raleigh	No website found	919-848-7154
Glenaire	Cary	https://www.glenaire.org/	800-225-9573
Hillcrest Raleigh at Crabtree Valley	Raleigh	https://hillcrestnc.com/raleigh-nc/	919-781-4900
Hillside Nursing Center of Wake Forest	Wake Forest	http://hillsidenursingcenter.com/	919-556-4082

Litchford Falls Healthcare and Rehabilitation Center	Raleigh	https://www.choice-health.net/rehabilitation/inpatient	919-878-7772
PruittHealth-Raleigh	Raleigh	https://www.pruitthealth.com/microsite/facilityid420	919-755-0226
Raleigh Rehabilitation Center	Raleigh	https://www.raleighrehabhc.com/	919-828-6251
Sunnybrook Rehabilitation Center	Raleigh	https://www.sunnybrookrehab.com/	919-231-6150
Swift Creek Health Center	Cary	https://www.thetempletonofcary.com/swift-creek-health-center	984-200-3688
The Cardinal at North Hills	Raleigh	https://lifeatthecardinal.com/	984-204-8444
The Laurels of Forest Glenn	Garner	https://www.laurelsofforestglenn.com/	919-772-8888
The Oaks at Whitaker Glen-Mayview	Raleigh	https://www.pruitthealth.com/microsite/facilityid524	919-828-2348
The Rosewood Health Center	Raleigh	https://thecypressofraleigh.com/healthcare/rosewood-health-center/	919-870-9007
Tower Nursing and Rehabilitation Center	Raleigh	http://www.townernursing.com/	919-231-8113
UNC REX Rehabilitation and Nursing Care Center of Apex	Apex	https://www.rexhealth.com/rh/hospitals-locations/profile/unc-rex-rehabilitation-and-nursing-care-center-of-apex/	919-363-6011
UNC REX Rehabilitation and Nursing Care Center of Raleigh	Raleigh	https://www.rexhealth.com/rh/hospitals-locations/profile/unc-rex-rehabilitation-and-nursing-care-center-of-raleigh/	919-784-6600
Universal Health Care/Fuquay-Varina	Fuquay-Varina	https://www.choice-health.net/rehabilitation/inpatient	919-577-0421

Universal Health Care/North Raleigh	Raleigh	https://www.choice-health.net/rehabilitation/inpatient	919-872-7033
Wellington Rehabilitation and Healthcare	Knightdale	https://centers.consulatehealthcare.com/II/US/NC/Knightdale/1000-Tandall-PI	919-266-7744
Windsor Point Continuing Care Retirement Community	Fuquay-Varina	https://windsorpoint.com/	919-552-4580
Zebulon Rehabilitation Center	Zebulon	https://www.zebulonrehab.com/	919-269-9621

Source: DHHS Licensed Facilities as of June 14, 2021

Hospice Facilities	City	Website	Phone Number
Amedisys Hospice	Garner	https://locations.amedisys.com/nc/garner/amedisys-hospice-care.html	919-773-4865
Community Home Care & Hospice	Cary	https://communityhch.com/locations/community-home-care-hospice-cary/	919-233-1100
Continuum Home Care and Hospice of Wake County	Raleigh	No website found	252-975-1636
Duke HomeCare and Hospice	Durham	https://www.dukehealth.org/treatments/home-care-and-hospice	919-620-3853
Heartland Home Health Care and Hospice	Raleigh	https://www.heartlandhospice.com/find-an-agency/heartland-hospice-services-of-raleigh/	919-877-9959
Liberty Home Care and Hospice	Wendell	https://libertyhomecare.com/	919-850-4303
Transitions LifeCare	Raleigh	https://www.transitionslifecare.org/	919-828-0890

Source: DHHS Licensed Facilities as of May 14, 2021

Adult Care Homes	City	Website	Phone Number
Brighton Gardens of Raleigh	Raleigh	https://www.sunriseseniorliving.com/communities/brighton-gardens-of-raleigh/about.aspx	919-439-4698

Brookdale Cary	Cary	https://www.brookdale.com/en/communities/brookdale-cary.html	919-346-4097
Brookdale MacArthur Park	Cary	https://www.brookdale.com/en/communities/brookdale-macarthur-park.html	919-246-4523
Brookdale Wake Forest	Wake Forest	https://www.brookdale.com/en/communities/brookdale-wake-forest.html	919-562-8400
Brookridge Assisted Living	Apex	No website found	919-362-6266
Cadence Garner	Garner	https://cadencenorthcarolina.com/our-locations/cadence-garner/	919-773-1550
Cadence North Raleigh	Raleigh	https://cadencenorthcarolina.com/our-locations/cadence-north-raleigh/	919-876-6316
Cadence at Wake Forest	Wake Forest	https://cadencenorthcarolina.com/our-locations/cadence-at-wake-forest/	919-569-2101
Carillon Assisted Living of Fuquay-Varina	Fuquay-Varina	https://www.carillonassistedliving.com/	919-852-4000
Carillon Assisted Living of Garner	Garner	https://www.carillonassistedliving.com/	919-773-1550
Carillon Assisted Living of Knightdale	Knightdale	https://www.carillonassistedliving.com/	919-8522-4000
Carillon Assisted Living of North Raleigh	Raleigh	https://www.carillonassistedliving.com/	919-8522-4000
Carillon Assisted Living of Wake Forest	Wake Forest	https://www.carillonassistedliving.com/	919-8522-4000
Chatham Commons	Cary	https://wakecountyseniors.com/	919-469-9309
Coventry House of Zebulon	Zebulon	https://zebulonseniorliving.com/	919-375-4504
Elmcroft of Northridge	Raleigh	https://www.elmcroft.com/community/elmcroft-of-northridge-north-carolina/	919-848-4906
Falls River Court Memory Care Community	Raleigh	https://www.seniorlifestyle.com/property/north-carolina/falls-river-court/	919-844-2499
Falls River Village Assisted Living Community	Raleigh	https://www.seniorlifestyle.com/property/north-carolina/falls-river-village/	919-844-9747
HeartFields at Cary	Cary	https://www.fivestarseniorliving.com/communities/nc/cary/heartfields-at-cary	919-852-5757
Lawndale Manor	Garner	http://www.lawndalemanorassistedliving.com/	919-662-0099
Magnolia Glenn	Raleigh	https://www.kiscoseniorliving.com/senior-living/nc/raleigh/magnolia-glen/	919-841-4747

Morningside of Raleigh	Raleigh		919-828-5557
North Pointe Assisted Living of Garner	Garner	No website found	919-779-4560
Oliver House	Wendell	https://wendellseniors.com/	919-366-9737
Phoenix Assisted Care	Cary	No website found	919-460-8644
Spring Arbor of Apex	Apex	https://www.springarborliving.com/nc/apex/spring-arbor-of-apex/	919-303-9990
Spring Arbor of Cary	Cary	https://www.springarborliving.com/nc/cary/spring-arbor-of-cary/	919-388-9635
Spring Arbor of Raleigh	Raleigh	https://www.springarborliving.com/nc/raleigh/spring-arbor-of-raleigh/	919-250-0255
Sunrise at North Hills	Raleigh	https://www.sunriseseniorliving.com/communities/sunrise-at-north-hills/about.aspx	919-981-6100
Sunrise of Cary	Cary	https://www.sunriseseniorliving.com/communities/sunrise-of-cary/about.aspx	919-462-9147
Sunrise of Raleigh	Raleigh	https://www.sunriseseniorliving.com/communities/sunrise-of-raleigh/about.aspx	919-787-0777
The Addison of Fuquay-Varina	Fuquay-Varina	https://www.seniorlifestyle.com/property/north-carolina/the-addison-of-fuquay-varina/	919-577-8102
The Addison of Knightdale	Knightdale	https://www.seniorlifestyle.com/property/north-carolina/the-addison-of-knightdale/	919-266-6676
The Covington	Raleigh	https://thecovingtonseniors.com/	919-791-1981
The Reserve at Mills Farm	Apex	https://reserve-millsfarm.com/	919-629-0296
Wake Assisted Living	Raleigh	https://wakememorycare.com/	919-213-7575
Waltonwood Cary Parkway	Cary	https://www.waltonwood.com/senior-living/nc/cary/waltonwood-cary-pkwy/	919-460-7330
Waltonwood Lake Boone	Raleigh	https://www.waltonwood.com/senior-living/nc/raleigh/waltonwood-lake-boone/	984-232-0528
Woodland Terrace	Cary	https://www.kiscoseniorliving.com/senior-living/nc/cary/woodland-terrace/	919-465-0356
Zebulon House	Zebulon	No website found	919-269-6061

Source: DHHS Licensed Facilities as of June 14, 2021

Family Care Homes	City	Website	Phone Number
A Good Life Family Care Home	Raleigh	No website found	919-834-3966
Adorable Family Care Home	Raleigh	No website found	919-754-0529

Agape Family Care Home #1	Raleigh	No website found	919-234-0016
Agape House – Stonehollow	Cary	No website found	919-234-6556
Allcare Assisted Living	Garner	No website found	919-661-0289
Ann’s Family Care #4	Raleigh	No website found	919-803-6580
Ann’s Family Care #6	Raleigh	No website found	919-615-1466
Ann’s Family Care #7	Raleigh	No website found	919-231-1626
Ann’s New Day	Raleigh	No website found	919-790-7663
Ann’s Sunrise II	Raleigh	No website found	919-720-4011
Avendelle Assisted Living on Maynard	Cary	https://avendelle.com/avendelle-locations/avendelle-on-maynard/	919-650-1676
Avendelle Assisted Living at Carlton Pointe	Rolesville	https://avendelle.com/avendelle-locations/avendelle-at-carlton-pointe/	919-435-4459
Avendelle Assisted Living at Fuquay	Fuquay-Varina	https://avendelle.com/avendelle-locations/avendelle-at-fuquay/	857-413-7599
Avendelle Assisted Living at Heritage	Rolesville	https://avendelle.com/avendelle-locations/avendelle-at-heritage/	919-435-6145
Avendelle Assisted Living at Rolesville	Rolesville	https://avendelle.com/avendelle-locations/avendelle-at-rolesville/	919-263-8119
Avendelle Assisted Living at Shepherds Vineyard	Apex	https://avendelle.com/avendelle-locations/avendelle-at-shepherds-vineyard/	919-446-6222
Avendelle Assisted Living at Southern Oaks	Fuquay-Varina	https://avendelle.com/avendelle-locations/avendelle-at-southern-oaks/	919-762-7219
Avendelle Assisted Living at Waterford Landing	Raleigh	https://avendelle.com/avendelle-locations/avendelle-at-waterford-landing/	919-255-6890

Avendelle Assisted Living at Wyckford	Raleigh	https://avendelle.com/avendelle-locations/avendelle-at-wyckford/	919-231-7008
Avendelle Assisted Living on Lazy River	Raleigh	https://avendelle.com/avendelle-locations/avendelle-at-lazy-river/	919-888-0008
Avendelle Assisted Living on Tryon	Cary	https://avendelle.com/avendelle-locations/avendelle-on-tryon/	984-242-0180
Bright Horizon	Raleigh	https://brighthorizoncare.com/	919-720-4884
Bright Horizon at Lake Boone	Raleigh	https://brighthorizoncare.com/	919-977-9574
Bright Horizon at North Hills	Raleigh	https://brighthorizoncare.com/	919-852-3918
Brightside Homes 2	Raleigh	No website found	919-986-8800
Brightside Homes III	Raleigh	No website found	919-986-8800
Brown's Family Care Home	New Hill	No website found	919-362-6686
Care Innovations of North Carolina	Knightdale	No website found	919-749-7677
Cary Family Care	Cary	http://caryfamilycare.com/	919-323-9443
Chantilly Care Home at Riverstone	Wake Forest	https://chantillycarehome.com/	919-726-8999
Compassionate Place Home	Raleigh	No website found	919-325-0722
Cottage Care at Traditions	Wake Forest	No website found	984-235-1425
Dedove Homes Inc at Riverknoll	Raleigh	No website found	919-771-7157
Elsie's Place	Raleigh	No website found	919-847-9495
Fairfax Hills Senior Living	Raleigh	No website found	919-744-8125
Gracie Sturdivant @ North Raleigh	Raleigh	No website found	919-846-2389
Gracie Sturdivant Care Home	Knightdale	No website found	919-217-8984

Heart to Live	Cary	https://hearttolive.com/	919-694-5294
Jackson Family Care Home	Zebulon	No website found	919-404-0628
Kelley's Family Care Home	Raleigh	https://www.kelleysfamilycare.com/	919-896-4195
Kelley's Family at Drayton Reserve	Wake Forest	https://www.kelleysfamilycare.com/	919-266-8167
Lakepark Family Care Home	Raleigh	http://www.lakeparkfamilycarehome.com/	919-977-3364
LiveWell Cary	Cary	https://www.livewellassistedliving.com/investinlivewell/	919-719-9127
LiveWell Raleigh on Brassfield Road	Raleigh	https://www.livewellassistedliving.com/overview/livewell-cary/	919-719-9127
Lynn's Home at Riverside	Raleigh	https://welcome.lynnscarevillage.com/lynns-care-home-at-riverside	919-621-9670
Lynn's Care Home at Sandy Forks	Raleigh	https://welcome.lynnscarevillage.com/lynns-care-home-at-sandy-forks	919-621-9670
Lyra Family Care	Cary	No website found	919-665-8984
M & D Anchorage Alternative Living	Fuquay-Varina	https://www.mdanchorage.net/	919-332-2032
Mercy Manor at Saybrooke	Raleigh	No website found	919-878-1912
Mims Family Care Home	Holly Springs	No website found	919-552-6455
North Carolina Assisted Living No 2	Raleigh	No website found	919-345-4425
North Hills Senior Living	Raleigh	https://www.northhillsseniorliving.com/	919-571-2556
Novelty Healthcare III	Rolesville	No website found	919-395-4425
Novelty Healthcare Services	Raleigh	No website found	919-395-4425

Novelty Healthcare Services II	Willow Springs	No website found	919-395-4425
Nurturing Nest Family Care Home	Wake Forest	https://www.nurturingnestnc.com/	919-802-3777
Parentcare Assisted Living	Raleigh	No website found	919-802-7686
Parentcare Assisted Living	Fuquay-Varina	No website found	919-628-0989
Peace Healthcare 2	Raleigh	No website found	919-272-7691
Poole Road Family Care Home	Raleigh	No website found	919-345-9087
R & S Family Care Home #1	Raleigh	No website found	919-821-4546
Renaissance Care Home at Longleaf Estates	Raleigh	https://www.renaissancecarehome.com/locations-renaissance-care-home/	919-914-1842
Renaissance Care Home at Neuse River Estates	Raleigh	https://www.renaissancecarehome.com/locations-renaissance-care-home/	919-914-1842
Renaissance Care Homes at Traditions	Wake Forest	https://www.renaissancecarehome.com/locations-renaissance-care-home/	919-914-1842
Rose Hill #2	Raleigh	No website found	919-522-8581
Rose Hill Family Care	Raleigh	No website found	919-522-8581
Seagraves Family Home	Apex	No website found	919-362-8556
Tender Touch FCH	Raleigh	No website found	919-798-8098
The Manor at Coventry Creek	Raleigh	No website found	919-264-0775
The Manor at Edgewater	Raleigh	No website found	919-264-0775
The Manor at Perry Creek	Raleigh	No website found	919-977-3367
The Manor at Saratoga	Raleigh	No website found	919-850-2955
The Reserve at Mills Farm Villa #1	Apex	https://reserve-millsfarm.com/	919-809-5310

The Reserve at Mills Farm Villa #2	Apex	https://reserve-millsfarm.com/	919-809-5310
The Reserve at Mills Farm Villa #3	Apex	https://reserve-millsfarm.com/	919-809-5310
The Reserve at Mills Farm Villa #4	Apex	https://reserve-millsfarm.com/	919-809-5310
The Retreat at Cary	Cary	https://www.retreatatcary.com/	919-671-3990
The Retreat at Cary Corner	Raleigh	https://www.retreatatcary.com/upcoming	919-671-3990
Tiffany’s Family Care Home	Garner	No website found	919-772-3755
Val’s Family Care Home	Raleigh	https://valsfamilycare.com/	919-606-9804
Val’s Place	Raleigh	No website found	919-665-8984
Val’s Place at Brookhaven	Raleigh	No website found	919-977-7185
Val’s Place at Dodsworth	Raleigh	No website found	919-606-9804
Vintage Gardens	Raleigh	No website found	252-883-3433
Worthdale Family Care Home	Raleigh	No website found	919-231-9706
Wrenette’s Place	Raleigh	No website found	919-779-4456

Source: DHHS Licensed Facilities as of June 14, 2021

Mental Health Private Psychiatric Hospitals	City	Website	Phone Number
Holly Hill Hospital	Raleigh	https://hollyhillhospital.com/	919-250-7000
Strategic Behavioral Center – Garner	Garner	https://www.sbcraleigh.com/	919-800-4400
Triangle Springs	Raleigh	https://trianglesprings.com/	919-746-8900
UNC Hospitals at WakeBrook	Raleigh	https://www.uncmedialcenter.org/uncmc/care-treatment/mental-health/unc-hospitals-at-wakebrook/	984-974-4800

Source: DHHS Licensed Facilities as of June 14, 2021

Intermediate Care Facilities	Care	City	Website	Phone Number
Avent Ferry Home		Holly Springs	No website found	919-557-6336
Bass Lake		Holly Springs	No website found	919-557-3844
Blanche Drive		Raleigh	No website found	919-859-1450
Country Lane		Holly Springs	No website found	919-552-5457
Dartmouth Road Group Home		Raleigh	No website found	919-782-2895
Dickens Drive Home		Raleigh	No website found	919-250-1907
Forest Creek Group Home		Raleigh	No website found	919-833-1371
Georgia Court		Cary	No website found	919-467-2857
Helmsdale Group Home		Cary	No website found	919-468-6044
Hickory Avenue Home		Holly Springs	No website found	919-552-4359
Hilltop Home		Raleigh	https://hilltophome.org/	919-231-8315
Huntleigh		Raleigh	No website found	919-876-3834
Jade Tree		Raleigh	No website found	919-954-0560
Lockley Road		Holly Springs	No website found	919-303-5665
Mason Street		Apex	No website found	919-387-5881
Rockwood		Raleigh	No website found	919-571-0230
Rolling Meadows		Raleigh	No website found	919-662-0047
Stonegate		Raleigh	No website found	919-847-3834
Tammy Lynn Center for Developmental Disabilities		Raleigh	https://www.nctlc.org/	919-755-2663
Trotters Bluff		Holly Springs	No website found	919-557-6337
VOCA – Creekway		Fuquay-Varina	No website found	919-552-4359
VOCA – Olive Home		Apex	No website found	919-387-7080

Source: DHHS Licensed Facilities as of May 14, 2021

Dialysis Centers	City	Website	Phone Number
BMA of Fuquay-Varina Kidney Center	Fuquay-Varina	No website found	919-552-1926
BMA of Raleigh Dialysis	Raleigh	No website found	919-231-3146
Cary Kidney Center	Cary	No website found	919-462-0976
Fresenius Kidney Care Eastern Wake	Rolesville	https://www.freseniuskidneycare.com/dialysis-centers/north-carolina/5464	919-554-1752

Fresenius Kidney Care Morrisville	Morrisville	https://www.freseniuskidneycare.com/dialysis-centers/north-carolina/100448	919-677-3832
Fresenius Kidney Care New Hope Dialysis	Raleigh	https://www.freseniuskidneycare.com/dialysis-centers/north-carolina/3389	919-231-3700
Fresenius Kidney Care Northern Wake	Wake Forest	https://www.freseniuskidneycare.com/dialysis-centers/north-carolina/9184	919-554-2359
Fresenius Kidney Care Holly Springs*	Holly Springs	https://www.freseniuskidneycare.com/dialysis-centers/north-carolina/100962	828-738-1040
Fresenius Medical Care Apex	Apex	https://www.freseniuskidneycare.com/dialysis-centers/north-carolina/4050	800-881-5101
Fresenius Medical Care Central Raleigh	Raleigh	https://www.freseniuskidneycare.com/dialysis-centers/north-carolina/5459	919-832-2644
Fresenius Medical Care Southwest Wake	Raleigh	https://www.freseniuskidneycare.com/dialysis-centers/north-carolina/2890	919-771-1022
Fresenius Medical Care Wake	Raleigh	https://www.freseniuskidneycare.com/dialysis-centers/north-carolina/2125	919-876-7501
Fresenius Medical Care White Oak	Garner	https://www.freseniuskidneycare.com/dialysis-centers/north-carolina/100477	919-779-6001
Oak City Dialysis	Raleigh	No website found	919-876-6827
Southwest Wake County Dialysis	Raleigh	No website found	919-771-1022
Zebulon Kidney Center	Zebulon	No website found	919-269-8889

*Proposed new site consisting of existing stations

Source: 2021 State Medical Facilities Plan NC DHHS

Cardiac Rehabilitation Facilities	City	Website	Phone Number
Rex Cardiac Rehabilitation	Raleigh	https://www.rexhealth.com/rh/care-treatment/heart-vascular/cardiac-rehabilitation/	919-784-3756
Rex Cardiac Rehabilitation of Cary	Cary	https://www.rexhealth.com/rh/hospitals-locations/profile/rex-cardiac-rehabilitation-of-cary-a-department-of-rex-hospital/	919-784-3756

WakeMed Cardiac Rehabilitation Program	Raleigh	https://www.wakemed.org/location/cardiac-rehabilitation-raleigh-campus	919-350-8602
WakeMed Cary Hospital Cardiac Rehabilitation Program	Cary	https://www.wakemed.org/location/cardiac-rehabilitation-cary	919-350-1875

Source: DHHS Licensed Facilities as of May 14, 2021

Hospice Providers	City	Website	Phone Number
Amedisys Hospice	Garner	https://www.amedisys.com/	919-773-4865
Community Home Care & Hospice	Cary	https://communityhch.com/locations/community-home-care-hospice-cary/	919-233-1100
Continuum Home Care & Hospice of Wake County	Jacksonville	No website found	919-989-2682
Duke Hospice	Durham	https://www.dukehealth.org/treatments/home-care-and-hospice	919-620-3853
Heartland Home Health Care and Hospice	Raleigh	https://www.heartlandhomehealth.com/	919-877-9959
Liberty Home Care and Hospice	Wendell	https://libertyhomecare.com/	919-277-2244
Transitions LifeCare	Raleigh	https://www.transitionslifecare.org/	919-828-0890

Source: DHHS Licensed Providers as of June 14, 2021

Home Health Providers	City	Website	Phone Number
Aveanna Healthcare	Raleigh	https://www.aveanna.com/locations.html	919-418-6712
BAYADA Home Health Care, Inc.	Raleigh	https://www.bayada.com/offices/nc/raleigh/4011-westchase-blvd-/home-health	919-785-9090
Intrepid USA Healthcare Services	Raleigh	https://www.intrepidusa.com/location/raleigh-nc/	919-821-9299
Kindred at Home	Raleigh	https://www.kahcare.com/	919-881-9492
Liberty Home Care	Wendell	https://libertyhomecare.com/	919-850-4303
Maxim Healthcare Services	Raleigh	https://www.maximhealthcare.com/	919-676-3118
Medi Home Health Agency	Raleigh	https://www.msahealthcare.com/	919-870-6733
North Carolina Home Health	Raleigh	https://lhcgroupp.com/locations/north-carolina-home-health/	919-662-1635
PruittHealth @ Home – Wake	Norcross	https://www.pruitthealth.com/	919-838-2768
Transitions LifeCare	Raleigh	https://www.transitionslifecare.org/	919-828-0890
UNC Home Health	Raleigh	https://www.rexhealth.com/rh/care-treatment/home-care/services/	919-784-4474
WakeMed Home	Raleigh	https://www.wakemed.org/care-and-	919-350-7990

Health, Inc.		services/home-health/	
Well Care Home Health, Inc.	Wilmington	https://www.wellcarehealth.com/	919-846-1018

Source: DHHS Licensed Providers as of June 14, 2021

Home Care Providers	City	Website	Phone Number
A Class Home Care, Inc.	Raleigh	No website found	919-798-9300
A Family Friend, LLC	Raleigh	https://afamilyfriend01.com/	919-626-4917
A Plus Home Care Agency, LLC	Raleigh	See comment	919-880-9110
A Special Me LLC	Raleigh	No website found	919-803-0548
A1-Omega Healthcare Services, Inc.	Raleigh	https://www.omegahealthcareservices.com/	919-858-6618
AA Home Health Assistance, LLC	Raleigh	No website found	919-717-1982
AAA Healthcare Services	Raleigh	No website found	919-440-8333
ABloom Home Care	Raleigh	http://www.abloomhomecare.com/	919-457-1484
Able Hands Health Care, Inc.	Raleigh	No website found	919-395-3414
Above the Horizon Home Care, LLC	Raleigh	https://above-the-horizon-home-care-llc.business.site/	919-307-1549
Absolute Health Care	Garner	No website found	919-662-7877
Absolute Home Health NC	Raleigh	https://www.absolutehealthnc.com/	919-827-0719
Access Community - Based Services	Lafayette	https://lhcgroupp.com/locations/access-community-based-services-of-garner/	919-977-1186
Accessible Home Health Care of Mid Carolina	Raleigh	https://www.accessiblehomehealthcare.com/raleigh-mid-carolina-nc/	919-896-7679
AccordCare	Marietta	https://accordcare.com/locations.html	770-421-0191
Accord Services NC, LLC	Cary	https://accordservices.com/contact-us.html	770-421-0191
Accurate Medical Equipment & Supplies Corp.	Cary	No website found	919-272-3099
Acon Health Care Services, Inc.	Raleigh	No website found	919-961-0248
Acti-Kare	Cary	https://actikare.com/	888-451-5273
Acti-Kare Responsive In-Home Care	Cary	https://actikare.com/	919-995-5249
Adult & Pediatric Specialists	Clearwater		919-481-3690
Advanced Home Care, Inc.	Cary	https://advhomehealth.com/locations/North-Carolina/Cary/826/	866-705-1288
Affordable Family Care Services, Inc.	Raleigh	https://www.afcsnc.com/	919-676-1070
Afya Healthcare Services, PLLC	Cary	https://afyacarehc.com/	919-695-2181

Agape Healthcare Agency	Raleigh	http://www.agapehealthcareservices.com/	919-872-5999
Aipeck Health Group, Inc.	Raleigh	No website found	919-532-9109
AlbertaCare, LLC	Raleigh	No website found	919-916-7783
Alpha Home Care Services	Raleigh	https://www.alphahealthservices.com/index.php/home-health-care-community/	984-232-8887
All Life Home Care, LLC	Raleigh	No website found	919-438-9085
All Saints Home Care Agency, LLC	Wake Forest	No website found	919-606-8653
All Star Home Health Care, Inc.	Raleigh	No website found	919-649-2586
All States Home Care and Medical Supplies, LLC	Raleigh	No website found	210-322-1864
All Time Healthcare Inc	Raleigh	No website found	919-322-4836
All Ways Caring	Raleigh	https://www.allwayscaring.com/locations/No-rth-Carolina/Raleigh/122/	919-275-5916
All-Shift Home Health Agency, LLC	Raleigh	No website found	919-264-7882
Allcare Home Health Agency, Inc.	Raleigh	https://www.allcarehha.com/	919-301-0236
Allied Home Health Care Services, Inc.	Raleigh	No website found	919-649-2586
Allied Medical Care, LLC	Raleigh	No website found	919-522-2026
Always Best Care Senior Services	Raleigh	https://www.alwaysbestcare.com/nc/raleigh/	919-321-2772
Always Best Care Senior Services	Wake Forest	https://www.alwaysbestcare.com/nc/wake-forest/	919-651-1584
AmBlessed Home Care, LLC	Raleigh	No website found	919-349-3811
Amada Senior Care Raleigh	Raleigh	https://www.amadaseniorcare.com/raleigh-senior-care/	919-604-8244
Amazing Care Support Services, Inc.	Raleigh	https://amazingcarenc.com/	919-609-0662
Amazing Home Care, Inc.	Raleigh	http://www.amazingcareinc.com/	919-449-5451
Amazing Life Home Healthcare, Inc.	Raleigh	No website found	919-649-5138
Amazing Light Health Care Services LLC	Knightdale	No website found	919-949-9777
Amazing Rhema Homecare, LLC	Raleigh	No website found	919-884-8161
American Health Services	Morrisville	No website found	919-380-7999
American Medical	Raleigh	https://www.amerimed.com/	919-741-4464

Equipment & Supplies, Inc.			
Amor Home Care, LLC	Raleigh	No website found	919-866-8831
Angelic Care Touch, Inc.	Raleigh	http://www.angeliccaretouch.com/	919-623-8016
Angels by Surprise, LLC	Raleigh	No website found	754-757-8288
Apple Home Health Care Agency (AHHCA)	Raleigh	No website found	919-492-7900
Apria Healthcare LLC	Lake Forest	https://www.apria.com/	919-380-1180
Ascove Home Health, LLC	Raleigh	https://ascovehealth.com/	919-948-6565
Assurance Health Services	Cary	https://assurancehealth.com/	919-222-4415
Assured Extra Care, Inc.	Raleigh	Unsure about website	984-293-9147
Assured Home Health Inc	Raleigh	http://www.assuredhomehealthcare.net/	919-532-4322
At Home Eldercare	Raleigh	https://www.athomeec.com/	919-632-8891
Atlantic Homecare Services	Raleigh	http://www.atlantichomecareservices.com/	919-324-6917
Authentic Hands Home Care, LLC	Fuquay-Varina	https://authentichandshomecare.com/	919-367-3905
Aveanna Healthcare	Atlanta	https://www.aveanna.com/locations.html	919-481-6712
Aware Senior Care, LLC	Cary	https://awareseniorcare.com/	919-436-1871
BAYADA Home Health Care, Inc	Raleigh	https://www.bayada.com/offices/nc/raleigh/4011-westchase-blvd-/home-health	919-785-9090
Beem Healthcare Agency	Raleigh	No website found	919-274-8341
Beem Healthcare Agency	Raleigh	No website found	919-274-8342
Best Home Healthcare Agency, LLC	Raleigh	No website found	919-779-0477
Blessed Health Care Inc	Raleigh	No website found	919-647-4578
Blessing Senior Homecare	Knightdale	No website found	919-758-6460
Bluecross Home Care and Health Services Inc.	Raleigh	http://www.bluecrosshomecare.com/	919-665-1237
Bountiful Life, LLC	Knightdale	No website found	919-264-7517
Bridges Home Health & Wellness, LLC	Morrisville	http://www.bridgeshomehealthandwellness.com/	919-827-6520
BrightStar Care of Cary	Cary	https://www.brightstarcare.com/cary	919-535-6787
Brookdale at Home Raleigh	Raleigh	https://www.brookdale.com/en.html	919-334-2231
Brookedale at Home North Raleigh (HC)	Raleigh	https://www.brookdale.com/en.html	919-334-2222
CEMAC Healthcare Services, LLC	Wendell	http://www.cemachealthcare.com/	919-272-0887
CT&C Home Health Services, NC, LLC	Raleigh	No website found	919-247-2869
Calvary Home Health, LLC	Raleigh	No website found	919-758-1955

Canady Family HomeCare Services, LLC	Raleigh	No website found	919-625-6761
Care Finity Home Care, LLC	Raleigh	https://carefinityhome.com/	919-615-3001
Care For Life Home Care	Cary	No website found	919-539-5155
Caring For You Services	Raleigh	https://www.caringforyouservices.com/	919-215-4262
Caring Heart Home Care, LLC	Knightdale	https://www.caringhearthomecare.org/	919-370-2216
Caring Senior Service	Raleigh	https://www.caringseniorservice.com/raleigh	919-847-0010
Caring and Loving Home Care, Inc.	Raleigh	No website found	919-949-3503
Carolina Care Providers, Inc.	Raleigh	No website found	919-638-1438
Cedar Oaks Health, Inc.	Raleigh	No website found	919-793-5862
CenterPeace Home HealthCare & Companion Services, LLC	Fuquay-Varina	http://www.cpcompanioncare.com/	919-567-8200
Citizens Senior Living, Inc.	Raleigh	No website found	919-637-3196
Classic Home Health Care	Raleigh	No website found	919-637-3196
Coark Home Care	Raleigh	https://coarkhomecare.com/	919-395-5202
ComForcare Home Care	Raleigh	https://www.comforcare.com/north-carolina/north-wake-county	919-647-9150
Comfort Keepers	Cary	https://www.comfortkeepers.com/	919-650-2784
Compassion Health Services, Inc.	Raleigh	http://compassionhealthservicesinc.com/	919-803-8891
Conkel Image Healthcare Services	Wake Forest	https://conkelimage.com/	919-264-9769
Connected Care Health Solutions	Knightdale	No website found	919-650-4601
Continued Care	Cary	http://www.continuedcarenc.com/	919-481-1446
Continuum Home Care of Raleigh	Jacksonville	No website found	919-231-8113
Coram CVS/Specialty Infusion Services	Woonsocket	https://www.coramhc.com/	919-461-5100
Cottage Home Health Care	Raleigh	https://www.cottagehcs.com/	919-872-1441
D-POM, LLC	Tarboro	No website found	252-813-2530
Dailycare Home Agency, LLC	Sanford	No website found	919-400-1323
Darlings Home Care Services, LLC	Knightdale	No website found	800-739-2595
Davestel Healthcare Services, LLC	Raleigh	https://www.davestelhealthcareservices.com/	984-249-1091

Dependable Home Care Services	Garner	https://dependablehomecareservice.com/	919-977-4118
Dependable Nursing Alliance, PA	Raleigh	https://www.dependablenna.com/	919-790-6411
Desbekka Home Health Care Services	Raleigh	https://desbekkahealthcare.com/	919-522-6892
Diamond Home Health Care and Staffing	Morrisville	No website found	919-641-2188
Diamond Home Healthcare Services, Inc.	Raleigh	No website found	919-986-1870
Dignified Caregiving of NC	Youngsville	https://www.dignifiedcarenc.com/	919-791-7824
Divine Grace Homecare, LLC	Raleigh	No website found	919-370-0860
Divine HealthCare Incorporated	Raleigh	No website found	919-876-0834
Dublin Home Care, LLC	Raleigh	No website found	919-931-5167
Dynamedics Healthcare Services, Inc.	Raleigh	https://dynamedicshcs.com/	919-665-6567
Dynamic Health Care, Inc.	Raleigh	No website found	919-815-8443
EZ Care Home Health, LLC	Cary	No website found	919-324-5837
Eagle Healthcare Services, Inc.	Raleigh	No website found	919-872-7686
East Wake Home Care	Knightdale	https://www.eastwakehomecare.com/	919-307-9314
Emerald Home Care LLC	Raleigh	No website found	919-931-1029
Erikare at Home, LLC	Burlington	No website found	252-917-2215
Essential Living Home Care, LLC	Knightdale	https://www.essentiallivinghomecare.com/	919-436-4000
Evolving Hands Health Care Services, LLC	Raleigh	No website found	919-645-9900
Excel Home Healthcare Agency	Raleigh	No website found	919-601-6723
Express Support Home Care	Raleigh	http://www.expressupporthomecare.com/	919-876-4949
Extended Hearts Home Care	Raleigh	http://www.extendedheartshc.com/	919-794-6914
Extension of You	Cary	http://theextensionofyou.com/	919-629-2044
Family First Personal Care, LLC	Clinton	http://www.familyfirstpersonalcare.com/	919-592-0112
Favor Home Care, Inc.	Raleigh	https://www.favor-homecare.com/	252-563-5215
Five Angels Care, LLC	Cary	No website found	919-815-1772
Focal Point Medical Staffing, Inc.	Raleigh	https://focalpointstaff.com/	919-578-9101

For Love Home Care, LLC	Raleigh	No website found	919-780-8559
Global Healthcare Resources, Inc.	Raleigh	No website found	919-848-9099
Global Nurses Services, Inc.	Raleigh	No website found	919-866-2238
Golden Harmony, LLC	Raleigh	https://www.goldenharmonync.com/	919-426-7522
Good Health Home Care Services	Raleigh	No website found	919-793-3380
GoodChoice Home Care Services, Inc.	Raleigh	No website found	919-345-6864
GoodHope Home Care Services	Raleigh	No website found	919-559-9607
Grace Care Solutions, LLC	Raleigh	No website found	910-987-6560
Grace Health Care Services Inc.	Raleigh	https://grace-healthcare.net/	919-848-1630
Grant Your Wish Home Care, LLC	Cary	http://www.grantyourwishhomecare.com/	919-590-5443
Griswold Home Care	Raleigh	https://www.griswoldhomecare.com/raleigh/	919-229-8944
Guardian Home Healthcare, Inc.	Raleigh	https://www.guardian-homehealthcare.com/	919-615-0225
HS Care Services, Inc.	Raleigh	No website found	404-454-5727
Healthcare Angels, Inc.	Raleigh	No website found	919-995-0554
Healthcore Home Care, Inc.	Raleigh	https://www.healthcorehomecare.com/	919-890-5496
Heart to Homes Health Care, LLC	Raleigh	https://hearttohomeshealthcare.com/	919-803-2019
Heavenly Sent Home Care Services, LLC	Raleigh	No website found	571-282-8924
Helping Hands of America LLC	Raleigh	https://hhamerica.com/	919-829-2505
Hillcrest Home Health of the Triangle	Raleigh	https://hillcrestnc.com/raleigh-nc/	919-781-4900
Home Care Assistance	Raleigh	https://homecareassistance.com/raleigh	919-289-5412
Home Choice Healthcare, Inc.	Fuquay-Varina	http://www.homechoicehealthcare.net/	919-557-4663
Home Health Concept, Inc.	Raleigh	No website found	919-926-0178
Home Helpers Home Care	Raleigh	https://www.homehelpershomecare.com/raleigh-cary-nc/	919-817-8010
Home Instead Senior Care	Raleigh	https://www.homeinstead.com/location/226	919-676-2273
HomeWerks Home Care, LLC	Raleigh	https://www.homewerks-homecare.com/	919-810-1414
HomeChoice Healthcare	Fuquay-Varina	https://www.homechoicehomecare.com/ho	919-804-8675

		mechoice-home-care-news/celebrating-15-years-of-care/	
HomeChoice Healthcare	Raleigh	https://www.homechoicehomecare.com/homechoice-home-care-news/celebrating-15-years-of-care/	919-804-8675
HomeChoice Home Care Solutions	Raleigh	https://www.homechoicehomecare.com/	919-847-5622
Homevita, LLC	Raleigh	No website found	919-332-1143
Homewatch Caregivers of the Triangle	Cary	https://www.homewatchcaregivers.com/	919-461-3741
Hope Home Care Solutions, LLC	Raleigh	No website found	919-809-7976
Hope Support Services, LLC	Raleigh	No website found	919-809-7976
Hope and Haven Healthcare LLC.	Wendell	No website found	919-271-7899
Hope of Solace	Raleigh	https://hopeofsolaceagency.com/	984-200-4653
Impact Health Solutions, Inc.	Raleigh	https://impacthealthsolutions.org/about/	919-400-6144
Infinite Favor Home Care Services, LLC	Raleigh	No website found	614-446-7029
Innerlogic Home Care Agency, LLC	Raleigh	https://www.myinnerlogic.com/	919-322-9246
Inomancy Home Care Inc.	Raleigh	http://www.inomancyhomecare.com/	919-803-2541
Inspired Home Healthcare Services, LLC	Durham	No website found	984-439-2844
IntelliChoice Home Care	Raleigh	https://www.choosebettercare.com/	919-480-8000
Interim Healthcare of Triangle, LLC	Whiteville	https://www.interimhealthcare.com/raleighnc/home/	919-420-0336
Intrepid USA Healthcare Services	Raleigh	https://www.intrepidusa.com/location/raleigh-nc/	919-821-9299
Island Home Care, PLLC	Raleigh	No website found	984-242-0224
Jace Healthcare Services, Inc.	Raleigh	No website found	984-200-8959
Jades-Nissi Home Care	Rolesville	No website found	919-520-3818
Jaycee's Home Care, LLC	Raleigh	No website found	919-862-4625
Joemax Healthcare Services, LLC	Raleigh	No website found	919-771-8172
Joyner Choice InHome Care, LLC	Raleigh	No website found	919-916-5014
Justheo Home Care, LLC	Raleigh	No website found	919-888-8115
Kindred at Home	Overland Park	https://www.kahcare.com/	919-881-9492
Liberty Healthcare Agency, LLC	Raleigh	https://www.libertyhealthcareagencyllc.com/	984-200-9300

Liberty Home Care	Wendell	https://libertyhomecare.com/locations-service-area/wendell/	919-850-4303
Liberty Home Health Care	Raleigh	No website found	919-341-2987
Liberty Private Care	Wilmington	No website found	910-520-2985
Life 1st Krystal Home Care Agency	Raleigh	No website found	919-327-8190
Lifeline Home Care	Raleigh	No website found	919-594-9580
Lineogs Reliable Home Care, LLC	Raleigh	No website found	919-414-3229
Living At Home Care Services, Inc.	Apex	No website found	910-929-0451
Loving Angels Home Care	Raleigh	https://www.lovingangelsrdu.com/	919-438-1813
Mizasay Home Care, LLC	Raleigh	No website found	252-226-2001
MM Home Care	Charlotte	https://mmhomecareagency.com/	704-461-1122
MS Enhancement	Raleigh	No website found	919-659-5664
Majestic Home Healthcare, Inc.	Cary	No website found	919-649-9193
Management Care Service Staffing	Raleigh	No website found	252-548-9303
Marywins Home Care Services	Raleigh	https://marywinshcs.com/	919-615-4001
Maxim Healthcare Services, Inc.	Raleigh	https://www.maximhealthcare.com/locations/north-carolina	919-676-3118
Maystanz Home Care, LLC	Raleigh	No website found	919-389-3454
McNeill's Home Health Care Services, LLC	Garner	https://mcneillscompanion.business.site/	919-809-8002
MedEx Home Health	Raleigh	No website found	252-287-7365
Medi Home Health Agency	Lexington	https://www.msahealthcare.com/locations/medi-home-health-agency-lexington-nc	919-870-6733
Melody Home Health Care Services, Inc.	Raleigh	https://melodyhomehealth.com/	919-324-7697
Mercy Home Care II	Garner	No website found	919-880-4278
Milinium Home Health Care LLC	Cary	https://milleniumhomehealth.com/	610-543-4126
Mission Medstaff	Raleigh	http://www.missionmedstaff.com/service-areas/	704-295-0822
Mother Deborah Home Health Care Services, Inc.	Raleigh	No website found	919-523-4849
Myriad Homecare Agency, LLC	Rolesville	http://www.mhahomecare.com/	919-570-0002
Mystar Healthcare, LLC	Raleigh	No website found	919-740-7462

Navion Home Care	Raleigh	https://navionseniorsolutions.com/	919-371-4233
New Beginning Healthcare	Fuquay-Varina	https://www.newbeginninghealthcarenc.com/	910-984-7863
New Era Home Healthcare & Companion Services, Inc.	Fuquay-Varina	http://www.newerahomehealth.com/	919-271-2356
Noble Care, LLC	Apex	No website found	919-621-6546
North Carolina Home Health	Lafayette	https://lhcgroupp.com/locations/north-carolina-home-health/	919-662-1635
NuAngels Home Care, LLC	Wake Forest	https://www.nuangelshomecare.com/	984-235-7253
Nurse Care of North Carolina	Durham	No website found	919-309-4333
Oak Tree Home Care, LLC	Apex	No website found	252-367-7182
Okam Home Healthcare Services P.C.	Raleigh	https://okamhealthcare.com/	919-977-6383
One Choice Healthcare, Inc.	Wake Forest	https://onechoicehealthcareinc.com/	919-435-8413
Option Care	Morrisville	https://optioncarehealth.com/locations/morrisville-nc-1015-aviation-pkwy	919-481-9110
Options For Senior America	Cary	https://optionscorp.com/home/Cary-NC-18	919-380-6812
Orich Home Care, LLC	Raleigh	https://www.orichhomecare.com/	919-501-0516
PHC Home Health	Charlotte	http://www.phcnc.com/	704-522-6144
Prime Plus Home Health Services, Inc.	Wendell	No website found	919-413-6219
Pacific Staffing Inc.	Raleigh	No website found	919-881-8210
Pathways for People, Inc.	Cary	http://pathwaysforpeople.org/	919-462-1663
Peaceful Living Home Care, LLC	Wake Forest	https://www.plhomecare.com/	1-855-658-1670
Pediatric Therapy Associates	Cary	https://www.pedtherapy.com/	919-854-0404
Pediatric Therapy Associates	Wake Forest	https://www.pedtherapy.com/	919-562-9941
Pediatric Therapy Associates	Raleigh	https://www.pedtherapy.com/	919-781-4434
Pediatric Therapy Associates	Garner	https://www.pedtherapy.com/	919-861-1180
Perpetual Home Care, LLC	Raleigh	https://www.perpetualhomecare.com/	919-861-5245
Pinnacle Healthcare Services, Inc.	Raleigh	http://www.pinnaclehsi.com/	919-301-8169
Preferred Incorporated	Raleigh	No website found	919-757-9438

Premier Nursecare Solutions PLLC	Raleigh	http://www.premiurnurse.care/	1-984-200-9993
Prestige Home Health Care, LLC	Raleigh	https://prestigehomehealth1.com/	919-798-5860
Prestigious One Source Home Care	Raleigh	https://www.prestigiousonesource.com/	919-803-3006
Primus Home Health Solutions, LLC	Youngsville	No website found	862-216-1515
Professional Healthcare, Inc.	Knightdale	No website found	919-872-7999
Progressive Home Health	Raleigh	http://www.progressiveofnc.com/phccs/phccs_services_home.php	919-520-1783
Providence Home Care Agency, Inc.	Raleigh	No website found	919-986-4279
PruittHealth @ Home – Wake	Norcross	https://www.pruitthealth.com/microsite/facilityid472	919-838-2768
Pyramid Healthcare, Inc.	Raleigh	No website found	919-427-9655
Quality Care Partners, LLC	Durham	No website found	919-527-8491
Raleigh Therapy Services, Inc.	Raleigh	https://www.raleights.com/	919-791-3582
Resources for Seniors, Inc.	Raleigh	http://www.resourcesforseniors.com/	919-872-7933
REX Home Services	Morrisville	https://www.rexhealth.com/rh/care-treatment/home-care/services/	919-784-4474
Right At Home	Raleigh	https://www.rightathome.net/wake	919-783-5633
Robyn Healthcare, Inc.	Knightdale	No website found	919-457-3463
Rotech – American Health Services	Morrisville	https://www.rotech.com/	919-380-7999
Royal Health Services LLC	Raleigh	No website found	919-225-4518
S & A Companion and Homecare, LLC	Raleigh	No website found	704-712-5219
S & L Home Care Services, Inc.	Greensboro	No website found	919-954-7383
SAAR Homecare, LLC	Raleigh	https://www.saarhomecarellc.com/	919-338-5677
SOS Home Care	Raleigh	No website found	919-379-8555
SafetyMeds Home Care Agency	Raleigh	https://www.safetymedshomehealthcare.com/	919-296-8555
Searstone Home Care	Cary	https://searstone.com/	919-234-0339
Senior Life Home Care	Raleigh	https://seniorlifehomecare.com/	919-462-7003
Seniors Helping Seniors Jordan Lake	Cary	https://seniorcareraleighnc.com/	919-675-5904
Seniors Helping Seniors of North & East Raleigh	Wake Forest	https://seniorcareraleighnc.com/	919-761-5346

Shars Auspicious Care, LLC	Knightdale	https://sac-homecare.com/	919-706-1388
Siah's Heart Home Care, LLC	Cary	https://siahshearhomecare.com/index.html	919-900-7388
Sisters Aide Health Services Incorporated	Wilson	https://sistersaide.biz/	919-218-8914
Sky Heart Home Care Services, LLC	Cary	https://skyhearhomecare.com/	919-802-7954
Sonsy Star Home Care, LLC	Raleigh	No website found	919-889-0580
Southeastern Healthcare of North Carolina	Raleigh	http://sehnc.com/	919-212-8580
Southern Wellness	Raleigh	No website found	919-757-1447
Spectrum Infusion, Inc.	Raleigh	https://www.spectrumiv.com/	919-781-2241
Springmoor Home Care	Raleigh	https://springmoor.org/life-at-springmoor/continuing-care/	919-848-7080
St. Ephraims Home Healthcare Services, LLC	Raleigh	No website found	919-809-2516
Stalwart Home Health, LLC	Zebulon	No website found	919-400-0592
Stay At Home	Wake Forest	http://sahseniors.com/	919-556-3706
SuAnnah Care, Inc.	Cary	No website found	919-859-7126
Summit Home Care, Inc.	Durham	No website found	919-349-5663
Synergy HomeCare of Morrisville	Morrisville	https://www.synergyhomecare.com/agencies/nc/morrisville/nc07/	919-766-6353
Trubenefit Home Care, LLC	Raleigh	No website found	919-274-6972
Tarheels Home Healthcare Services, LLC	Raleigh	http://www.tarheelshomecare.com/	984-269-5288
Tender Care Health and Behavioral Services	Raleigh	https://www.tchealthsnc.com/	919-500-1475
The Cypress of Raleigh Home Care	Raleigh	https://thecypressofraleigh.com/healthcare/home-care/	919-870-9007
The Full Coverage PDN Company	Raleigh	https://www.fcpcdn.com/	919-803-4000
The Promise Center Healthcare, LLC	Raleigh	No website found	919-946-1377
Thrive Skilled Pediatric Care	Raleigh	https://www.thrivespc.com/	919-977-9544
Thrive at Home Adult Care, LLC	Raleigh	https://thriveathomeadultcare.com/	919-230-0400
Total Care Agency	Raleigh	No website found	919-633-8208
Totally Cared For, LLC	Raleigh	https://totallycaredfor.com/	919-410-5649
Touch Healthcare, LLC	Raleigh	No website found	919-758-4323
Transitions LifeCare	Raleigh	https://www.transitionslifecare.org/	919-828-0890

Trinity Staffing, Inc.	Raleigh	No website found	919-271-9073
Twins Loving Care Services, LLC	Raleigh	https://twinslovingcare.com/	919-737-5505
Ultimate Home Care	Henderson	https://ultimatehomecareinc.com/	252-430-3767
Unconditional Care Senior Services, LLC	Raleigh	https://unconditionalcarenow.com/	252-629-1241
Vantage HealthCare Services, Inc.	Raleigh	https://www.vantagehsi.com/	919-212-9998
Victory Healthcare Inc.	Raleigh	http://www.victoryhealthcareinc.com/	919-846-9027
Victory Home Care, Inc.	Raleigh	https://victoryhomecareinc.com/	919-900-8932
Visiting Angels Home Care	Raleigh	https://www.visitingangels.com/raleigh/home	919-787-4317
Vital Health Services, LLC	Knightdale	No website found	919-345-2135
W3 Care Home Health Assistance, LLC	Raleigh	No website found	919-906-4810
WakeMed Home Health	Raleigh	https://www.wakemed.org/care-and-services/home-health/	919-350-7990
We Care For You Home Health	Raleigh	No website found	919-449-1477
Well Care Home Health, Inc.	Wilmington	https://www.wellcarehealth.com/	919-846-1018
Well Care Home Health of the Southern Triangle, Inc.	Wilmington	https://www.wellcarehealth.com/	910-202-1326
Weserve Homecare Agency	Raleigh	No website found	732-322-8090
Wisdom Senior Care	Cary	https://wisdomseniorcare.com/101/	919-655-5068
Wisdom Senior Care	Wake Forest	https://wisdomseniorcare.com/101/	919-263-1165
Yelverton's Enrichment Services, Inc.	Raleigh	No website found	919-872-6220

Source: DHHS Licensed Providers as of June 14, 2019.

Public Health Clinics	City	Website	Phone Number
Departure Drive Human Services Center	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/human-services-center-departure	919-431-4000
Eastern Regional Center	Zebulon	https://www.wakegov.com/departments-government/human-services/human-services-locations/eastern-regional-center	919-404-3900
Millbrook Human Services Center	Raleigh	No website found	919-431-4000
Northern Regional Center	Wake Forest	https://www.wakegov.com/departments-government/human-services/human-services-locations/northern-regional-center	919-562-6300
Southern Regional	Fuquay-Varina	https://www.wakegov.com/departments-	919-557-2501

Center		government/human-services/human-services-locations/southern-regional-center	
Wake County Public Health Center, Sunnybrook	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/sunnybrook	919-250-4610

Source: Wake County Health and Human Services, <https://www.wakegov.com/departments-government/human-services/public-health-and-medical-services/health-clinics>

Primary Care for the Homeless and/or Uninsured	City	Website	Phone Number
Advance Community Health - Apex	Apex	https://www.advancechc.org/locations/apex/	919-833-3111
Advance Community Health - Cary	Cary	https://advancechc.org/locations/cary/	919-833-3111
Advance Community Health - Dental	Raleigh	https://advancechc.org/services/dental/	919-833-3111
Advance Community Health - Fuquay-Varina	Fuquay-Varina	https://www.advancechc.org/locations/fuquay-varina/	919-833-3111
Advance Community Health - Pediatrics	Raleigh	https://advancechc.org/services/pediatrics/	919-833-3111
Advance Community Health - Raleigh	Raleigh	https://advancechc.org/locations/raleigh/	919-833-3111
Alliance Medical Ministry	Raleigh	https://www.alliancemedicalministry.org/	919-250-3320
Eastern Regional Center	Zebulon	https://www.wakegov.com/departments-government/human-services/human-services-locations/eastern-regional-center	919-404-4028
Advance Community Health - Horizon Healthcare for the Homeless at Oak City Cares	Raleigh	https://advancechc.org/locations/oak-city-cares/	919-833-3111
Mariam Clinic	Cary	https://www.mariamclinic.org/	919-824-4672
Millbrook Human Services Center	Raleigh	No website found	919-431-4000
NCIAP People's Medical Center	Raleigh	https://peoplesmedicalcare.org/	919-277-0345
Northern Regional Center	Wake Forest	https://www.wakegov.com/departments-government/human-services/human-services-locations/northern-regional-center	919-562-6300
Oberlin Outreach Center	Raleigh	No website found	919-255-6721
Project Access of Wake County		https://www.wcmschf.org/Project_Access/PA_home.asp	919-554-3762

Shepherd's Care Medical Clinic	Zebulon	https://shepherdscaresclinic.com/	919-404-2474
Southern Regional Center	Fuquay-Varina	https://www.wakegov.com/departments-government/human-services/human-services-locations/southern-regional-center	919-557-1002
SouthLight Healthcare	Raleigh	https://www.southlight.org/	919-787-6131
The Salvation Army	Raleigh	https://www.salvationarmycarolinas.org/wakecounty/	919-779-8867
Urban Ministries (Open Door Clinic)	Raleigh	https://urbanmin.org/services/clinic-and-pharmacy/	919-746-0098
Wake County Public Health Center, Sunnybrook	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/sunnybrook	919-212-7000

Source: 2019 Wake County CHNA, Google search

HIV Testing / AIDS Services	City	Website	Phone Number
Advance Community Health	Raleigh	https://advancechc.org/services/	919-833-3111
Alliance of AIDS Services Carolina	Raleigh	https://www.aas-c.org/	919-834-2437
Avance Care	Raleigh	https://www.avancecare.com/	919-322-4722
Eastern Regional Center	Zebulon	https://www.wakegov.com/departments-government/human-services/human-services-locations/eastern-regional-center	919-404-4028
Gateway Campus	Raleigh	https://gatewaywomens.care/	919-833-0096
Advance Community Health - Horizon Healthcare for the Homeless at Oak City Cares	Raleigh	https://advancechc.org/locations/oak-city-cares/	919-833-3111
LGBT Center of Raleigh	Raleigh	https://www.lgbtcenterofraleigh.com/	919-832-4484
Millbrook Human Services Center	Raleigh	No website found	919-431-4000
My Sister's Keeper of the Triangle	Raleigh	http://www.mysisterskeepernc.org/	919-508-6124
Northern Regional Center	Wake Forest	https://www.wakegov.com/departments-government/human-services/human-services-locations/northern-regional-center	919-562-6300
Planned Parenthood	Raleigh	https://www.plannedparenthood.org/	919-833-7526
Southern Regional Center	Fuquay-Varina	https://www.wakegov.com/departments-government/human-services/human-services-locations/southern-regional-center	919-557-1002
SouthLight Healthcare	Raleigh	https://www.southlight.org/	919-787-6131
Urban Ministries	Raleigh	https://urbanmin.org/services/clinic-and-pharmacy/	919-746-0098
Wake County Public	Raleigh	https://www.wakegov.com/departments-	919-250-3883

Health Center, Sunnybrook		government/human-services/public-health-and-medical-services/hiv-and-sexually-transmitted-disease-std-information	
Women’s Center of Wake County Incorporated	Raleigh	https://www.wcwc.org/	919-829-3711

Source: 2019 Wake County CHNA, Google Search

Prescription Assistance	City	Website	Phone Number
Advance Community Health - Apex	Apex	https://www.advancechc.org/locations/apex/	919-833-3111
Advance Community Health - Cary	Cary	https://advancechc.org/locations/cary/	919-833-3111
Advance Community Health - Dental	Raleigh	https://advancechc.org/services/dental/	919-833-3111
Advance Community Health - Fuquay-Varina	Fuquay-Varina	https://www.advancechc.org/locations/fuquay-varina/	919-833-3111
Advance Community Health - Pediatrics	Raleigh	https://advancechc.org/services/pediatrics/	919-833-3111
Advance Community Health - Raleigh	Raleigh	https://advancechc.org/locations/raleigh/	919-833-3111
Dorcas Ministries	Cary	https://dorcascary.org/	919-469-9861
FIGS of Wake County	Raleigh	https://www.figsofwake.org/	919-386-9645
MedAssist Free Pharmacy Program	Raleigh	https://medassist.org/free-pharmacy-program/	866-331-1348
NC Division of Medical Assistance	Raleigh	https://www.ncdhhs.gov/assistance	1-800-662-7030
North Carolina Drug Card		https://northcarolinadrugcard.com/	No number listed
North Carolina HIV Medication Assistance Program (NC HMAP)	Raleigh	https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html	919-733-9161
UNC Health Care Alcohol and Drug Detoxification Unit at WakeBrook	Raleigh	https://www.uncmedicalcenter.org/uncmc/hospitals-locations/profile/unc-health-care-alcohol-and-drug-detoxification-unit-at-wakebrook/	984-974-4800
UNC Health Care Facility Based Crisis at WakeBrook	Raleigh	https://www.uncmedicalcenter.org/uncmc/hospitals-locations/profile/unc-health-care-facility-based-crisis-services-at-wakebrook/	984-974-4913
Urban Ministries	Raleigh	https://urbanmin.org/services/clinic-and-pharmacy/	919-746-0098
Wake County Health and Human Services, Medicaid - Eastern Regional Center	Zebulon	https://www.wakegov.com/departments-government/human-services/human-services-locations/eastern-regional-center	919-404-4028
Wake County Health and Human Services	Raleigh	No website found	919-431-4000

Medicaid - Millbrook Human Services Center			
Wake County Health and Human Services, Medicaid - Northern Regional Center	Wake Forest	https://www.wakegov.com/departments-government/human-services/human-services-locations/northern-regional-center	919-562-6300
Wake County Health and Human Services, Medicaid - Southern Regional Center	Fuquay-Varina	https://www.wakegov.com/departments-government/human-services/human-services-locations/southern-regional-center	919-557-1002
Wake County Health and Human Services, Medicaid - Swinburne	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/swinburne	919-212-7000
Wake County Public Health Center, Sunnybrook	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/sunnybrook	919-212-7000

Source: 2019 Wake County CHNA, Google search

Mental Health Facilities*	City	Website	Phone Number
A+ Residential Care	Raleigh	No website found	919-400-7667
Absolute Care Human Services	Raleigh	No website found	919-673-2146
Absolute Home #5	Garner	No website found	919-662-7877
Absolute Home - Apex	Apex	No website found	919-662-7877
Absolute Home - Marcony Way	Raleigh	No website found	919-662-7877
Absolute Home and Community Services	Raleigh	No website found	919-662-7877
Absolute Home and Community Services 2	Cary	No website found	919-662-7877
Absolute Home – Phillip Street	Garner	No website found	919-662-7877
Absolute Home-Whilshire Drive	Cary	No website found	919-662-7877
Abundant Grace Family Care Home Inc.	Garner	No website found	862-224-2861
Access Health System Inc.	Raleigh	No website found	919-747-9514
Access Health System 2, Inc.	Raleigh	No website found	919-850-3297
ACI Support Specialists, LLC - Pine Valley	Raleigh	No website found	919-846-6444
Advanced Health Resources - Dominion Home	Raleigh	No website found	919-844-3417
Advanced Health	Raleigh	http://ahrnc.com/wordpress/areas-served/	919-661-7121

Resources, Inc. - Fanny Brown			
Alpha Management Services, Inc. - G & S Williams Home	Cary	No website found	919-377-0217
Alston Home	Zebulon	No website found	919-269-0404
Ann's Country Manor II	Wendell	No website found	919-366-6034
Ann's Haven of Rest	Raleigh	No website found	919-307-8011
Ann's Haven of Rest II	Raleigh	No website found	919-977-7118
A Small Miracle, LLC - Transitions Day Program	Raleigh	https://www.asmallmiraclellc.com/	919-900-4422
Aspire Supportive & Counseling Services, LLC	Raleigh	https://aspiregroupnc.com/	919-835-1888
Autism Services Inc. - Glen Forest Home	Raleigh	No website found	919-782-3353
Autism Services Inc. - Jade Tree	Raleigh	No website found	919-954-0560
Autism Services, Inc. - Walnut Street Group Home	Cary	No website found	919-380-0203
Autism Society of North Carolina, Inc. - Sandeewood Drive Home	Raleigh	https://www.autismsociety-nc.org/take-action/	919-786-0027
Avent Ferry Home	Holly Springs	No website found	919-557-6336
Bass Lake	Holly Springs	No website found	919-557-3844
Beyond Measures	Zebulon	No website found	919-426-3752
Blessed Home, LLC	Raleigh	No website found	919-850-2336
Blessed Home, LLC	Raleigh	No website found	919-329-2677
Blessed Home, LLC	Raleigh	No website found	919-850-4334
Booker Home	Wendell	No website found	919-365-9099
Bradley Home	Garner	No website found	919-772-0053
Bradley Home Extension-Kimberly House	Raleigh	No website found	919-649-5435
Bradley Home Extension-PKEDS House	Garner	No website found	919-772-9382
Brighthaven Home	Raleigh	No website found	919-846-2308
Brightside Homes Inc.	Raleigh	No website found	919-781-2559
Bright Path Behavioral Health	Wake Forest	https://www.brightpathbh.com/	919-276-4005
Building Foundations	Raleigh	No website found	919-573-6520
Canaan Care Home	Cary	https://canaancarehome.com/	919-271-6418
Care One Homes	Raleigh	No website found	919-212-3705
Carolina House -	Raleigh	https://www.carolinaeatingdisorders.com/	919-864-1004

Raleigh			
Cary Behavioral Health, PC	Cary	https://carybehavioralhealth.com/	919-466-7540
Clora's Angels Home	Wendell	No website found	919-365-9026
Club Horizon	Raleigh	https://monarchnc.org/behavioral-health-services/enhanced-services/club-horizon/	866-272-7826
Community Innovations, Inc. - Lord Berkley Home	Raleigh	No website found	919-833-4529
Community Innovations, Inc. - Trotters Bluff	Holly Springs	No website found	919-557-6337
Community Workforce Solutions, Inc.	Raleigh	http://www.communityworkforcesolutions.com/	919-231-3325
Cottage Health Care Services, Inc.	Raleigh	https://www.cottagehcs.com/	919-872-1441
Country Lane	Holly Springs	No website found	919-552-5457
Creative Living	Raleigh	https://www.autismsociety-nc.org/venues/creative-living/	919-865-2260
Creech Road Supervised Care	Garner	No website found	919-961-1392
Cyrus Home	Zebulon	No website found	919-630-3710
Dartmouth Road Group Home	Raleigh	No website found	919-782-2895
Destiny Family Care Home	Raleigh	No website found	919-977-8182
Destiny Family Care Home 2	Cary	No website found	919-237-0887
Destiny Family Care Home 3	Raleigh	No website found	919-345-4722
Dickens Drive Home	Raleigh	No website found	919-250-0907
Divine Supportive Homes	Raleigh	No website found	919-791-9032
Dowtin's Therapeutic Home	Raleigh	No website found	919-349-5540
D. Jones Home	Raleigh	No website found	919-452-8910
Educare Community Living Corporation – NC - Blanche Drive	Raleigh	No website found	919-859-1450
Educare Community Living Corporation - NC - Georgia Court	Cary	No website found	919-467-2857
Educare Community Living Corporation – NC - Helmsdale Group Home	Cary	No website found	919-468-6044

Educare Community Living Corporation – NC - Huntleigh	Raleigh	No website found	919-876-3834
Educare Community Living Corporation – NC - Lockley Road	Holly Springs	No website found	919-303-5665
Educare Community Living Corporation – NC - Stonegate	Raleigh	No website found	919-847-8628
Educare Community Living Corporation – NC - Rockwood	Raleigh	No website found	919-571-0230
Educare Community Living Corporation – NC - Rolling Meadows	Raleigh	No website found	919-662-0047
Eagle Home II	Raleigh	No website found	919-872-7686
Eagle Home III	Raleigh	No website found	919-872-7686
Eagle PSR	Raleigh	http://www.eaglepsr.com/	919-896-6938
Easter Seals UCP NC Raleigh Group Home	Raleigh	https://www.easterseals.com/NCVA/	919-783-8898
Elmhurst Ridge Court Home	Raleigh	No website found	919-906-2635
Etta's Residential Services & Supports, LLC.	Raleigh	No website found	984-200-4422
Evans-Walston Home	Fuquay-Varina	No website found	919-669-2254
Favour Home 2	Raleigh	No website found	919-266-0853
Fellowship Health Resources: Cary Satellite House	Cary	https://www.fhr.net/our-services/north-carolina	919-469-4980
Fellowship Health Resources: Drop In Center	Raleigh	https://www.fhr.net/our-services/north-carolina/services#ncdrop	919-573-8954
First Step Services, LLC	Raleigh	https://firststepnc.com/	919-833-8899
First Step Services, LLC	Cary	https://firststepnc.com/cary-substance-abuse-treatment/	919-651-8349
Foot Steps To Success	Raleigh	No website found	919-327-9804
Forest Creek Group Home	Raleigh	No website found	919-833-1371
Gateway Clubhouse	Raleigh	https://www.gatewayclubhouse.org/	919-662-0940
Glorious Home Care	Raleigh	No website found	919-400-0270
Gloryland Home Care Services	Wake Forest	No website found	919-671-1891
Green Hill Recovery	Raleigh	https://greenhillrecovery.com/	844-513-0707
Griffing Home	Raleigh	No website found	919-212-0199
Gupta Psychiatry	Raleigh	https://www.guptapsychiatry.com/	919-870-8409

Hannah Family Care Homes, Inc.	Raleigh	No website found	919-900-8916
Harrison Homes	Raleigh	No website found	919-301-8044
Healing Interventions, Inc	Raleigh	http://www.healinginterventionsinc.com/Welcome.php	919-896-7055
Healing Transitions	Raleigh	https://healing-transitions.org/	919-838-9800
Healing Transitions Women's Facility	Raleigh	https://healing-transitions.org/	919-838-9800
Heaven Sent Group Home	Raleigh	http://www.heavensentgrouphome.org/	919-900-8081
Heavenly Place 2	Raleigh	No website found	919-896-6365
Heavenly Place, LLC	Raleigh	No website found	919-819-3883
Herbert Reid Home	Holly Springs	No website found	919-363-5311
Hilltop Home	Raleigh	https://hilltophome.org/	919-231-8315
Hope Services, LLC - Ray of Hope	Raleigh	http://www.hopeservices4u.com/index.html	919-532-7599
JACE Healthcare Inc. II	Zebulon	https://www.jacehealth.com/	678-428-7205
Johnson's House of Hope Family Care Home, LLC	Raleigh	https://johnsonshouseofhopellc.com/	919-598-6416
Learning Services Corporation - Cedar House	Raleigh	No website found	919-255-9595
Learning Services Corporation - Willow House	Raleigh	No website found	919-255-9595
Learning Services Corporation-Brian K. Preston Center	Raleigh	No website found	919-255-9595
Learning Services-River Ridge	Raleigh	No website found	919-255-9595
Life Changez - Cherrywood Court	Raleigh	No website found	919-803-7125
Life Changez Inc. - Life Skills Independent Care #1	Fuquay-Varina	No website found	919-577-0021
Life Changez - Pine Forest II	Raleigh	No website found	919-239-4299
Lindley College – Cary 105	Cary	https://cbcare.com/north-carolina-locations/lindley/	919-390-2980
Lindley College – Raleigh	Raleigh	https://cbcare.com/north-carolina-locations/lindley/	919-390-2980
Lindley College VIII	Cary	https://cbcare.com/north-carolina-locations/lindley/	919-390-2980
Lindley Habilitation – Hamilton Home	Raleigh	https://cbcare.com/north-carolina-locations/lindley/	919-390-2980

Living With Autism 2	Raleigh	http://www.living-with-autism.com/index.html	919-368-1927
Living With Autism, Inc.	Raleigh	http://www.living-with-autism.com/index.html	919-917-7681
Lucy Daniels Center for Early Childhood	Cary	https://www.lucydanielscenter.org/	919-677-1400
Lutheran Services of the Carolinas - Whittecar Group Home	Raleigh	No website found	919-231-1399
Mary's Manor	Wendell	No website found	919-266-9876
McNeil Home	Garner	No website found	919-632-2700
Meeks #2	Wendell	No website found	919-390-4429
Meeks #3	Wendell	No website found	919-390-4429
Meeks Group Home	Zebulon	No website found	919-390-4429
Mentor ABI, LLC - Neuro Restorative - Windemere	Raleigh	No website found	919-874-6237
Meredith Autism Program	Raleigh	https://www.meredith.edu/autism/	919-760-8080
Metro Treatment of NC, L.P. dba New Season Raleigh	Raleigh	No website found	919-948-0300
Mind Path Care Centers	Raleigh	https://www.mindpathcare.com/location/mindpath-raleigh/	919-792-3940
Morse Clinic of Zebulon	Zebulon	https://www.morseclinics.com/	919-269-7343
Murchison Residential Corp	Holly Springs	http://www.murchisonresidential.com/	919-557-6712
NC Unity Services	Raleigh	No website found	919-890-5578
New Beginnings Health Care	Raleigh	No website found	919-758-8595
The Bruson Group - New Beginnings Health Care Phase III	Raleigh	http://www.thebrusongroup.com/index.html	919-981-7497
North Carolina Recovery Support Services	Raleigh	https://northcarolinarecovery.com/	919-431-9874
Novella's Place, Inc.	Raleigh	No website found	919-295-4923
P.H.P. of N.C. Inc.	Zebulon	https://phpofncinc.com/	919-375-4702
Pathways for People, Inc. Day Program	Cary	http://pathwaysforpeople.org/	919-462-1663
Peace Healthcare Inc.	Raleigh	No website found	919-803-3130
Pioneer Healthcare Inc. #3	Raleigh	No website found	919-747-9230
Resources for Human Development - Pleasant Gardens	Raleigh	https://www.rhd.org/nc/rhd-north-carolina-programs/	919-615-1598

Prosperous Living Community Center (PLCC)	Raleigh	https://placenter.org/	919-231-0025
QCS SAIOP Program	Raleigh	http://www.qcsolutions.org/index.htm	919-790-7775
RHA Health Services - Wake County Group Home #2	Raleigh	https://rhahealthservices.org/our-locations/north-carolina/	919-528-2558
RUSMED1	Raleigh	https://rusmed6.com/	919-890-5569
Renaissance Healthcare Group Raleigh, LLC - Pasadena Villa Outpatient Center - Raleigh	Cary	https://www.pasadenavillaoutpatient.com/	919-678-0124
Res. Support Svcs. of Wake Co.-Atlantic Ave GH	Raleigh	https://www.rsswake.org/	919-787-1214
Res. Support Svcs. of Wake Co.-Hailey Dr G H	Raleigh	https://www.rsswake.org/	919-787-1214
Res. Support Svcs. of Wake Co.-Millbrook Rd GH	Raleigh	https://www.rsswake.org/	919-787-1214
Resources For Human Development	Raleigh	https://www.rhd.org/program/rhd-north-carolina/	919-755-1335
Resources for Human Development, Inc. - Varsity Crest #1	Raleigh	https://www.rhd.org/program/varsity-crest/	919-755-1218
Resources for Human Development, Inc. - Varsity Crest #2	Raleigh	https://www.rhd.org/program/varsity-crest/	919-755-1218
Resources for Human Development, Inc. - Varsity Crest #3	Raleigh	https://www.rhd.org/program/varsity-crest/	919-755-1335
Rose Residential Services	Knightdale	No website found	919-679-3334
SLHC Residential Program for Women and Children	Garner	https://www.southlight.org/services/family-and-childrens-services/women-and-childrens-residential-program	919-557-6967
Sellati & Company, Inc. - Raleigh Methadone Treatment Center	Raleigh	No website found	919-781-5507
Serenity Home Corporation Inc.	Raleigh	No website found	919-900-8514
Showers of Blessings	Raleigh	No website found	984-200-7520
Sigma Health Services, LLC	Raleigh	https://www.sigmahealthservices.com/	919-848-9108
South Light Health Care	Raleigh	https://www.southlight.org/	919-787-6131

Southeastern Healthcare of North Carolina, Inc.	Raleigh	http://sehnc.com/	919-212-8580
Southlight Healthcare-Garner Road	Raleigh	https://www.southlight.org/	919-832-4453
Specialized Services & Personnel, Inc. - Bushberry Residential	Garner	https://www.sspinc.org/services.html	910-944-8125
St. Mark's Manor	Holly Springs	No website found	919-363-5311
Starkey Lowery's Supervised Living Home	Raleigh	No website found	919-217-5032
Tammy Lynn Center for Developmental Disabilities	Raleigh	https://www.nctlc.org/	919-755-2663
The Agape House	Raleigh	http://www.agapehealthcareservices.com/contact_us.htm	919-872-5999
The Bruson Group Inc. dbaNew Beginnings Health Care Pha	Knightdale	http://www.thebrusongroup.com/index.html	919-261-8566
The Emmanuel Home III	Raleigh	No website found	919-510-0146
The Emmanuel Home IV	Knightdale	No website found	919-261-8066
The Insight Program	Cary	https://theinsightprogram.com/	919-679-7577
The Manor at Riverbrooke	Raleigh	No website found	919-757-9694
The Morse Clinic of North Raleigh	Raleigh	https://www.morseclinics.com/locations/morse-clinic-north-raleigh	919-977-5993
Thomas Supervised Care	Raleigh	No website found	919-431-0100
Thomas Supervised Care – Beaufain	Raleigh	No website found	919-890-5031
TLC Operations, Inc. - Montreal Court Home	Cary	https://www.nctlc.org/	919-832-3909
TLC Operations, Inc. - Ralph Drive Home	Cary	https://www.nctlc.org/	919-755-2663
TLC Operations, Inc. - Rose Home	Cary	https://www.nctlc.org/	919-755-2663
Tony's Helping Hand	Raleigh	No website found	919-496-6712
Twinkle-Star Home Services LLC	Raleigh	No website found	919-821-5426
UNC Health Care Alcohol&Drug Detoxification @ WakeBrook	Raleigh	https://www.uncmedicalcenter.org/uncmc/hospitals-locations/profile/unc-health-care-alcohol-and-drug-detoxification-unit-at-wakebrook/	984-974-4800
UNC Health Care Facility Based Crisis at WakeBrook	Raleigh	https://www.uncmedicalcenter.org/uncmc/hospitals-locations/profile/unc-health-care-facility-based-crisis-services-at-wakebrook/	984-974-4913

United Family Network @ Willow Springs	Willow Springs	No website found	919-639-1194
United Family Network of Fuquay-Varina	Willow Springs	No website found	919-567-1300
Universal Mental Health Services Inc. - Arbor House Group Home	Raleigh	https://umhs.net/locations-1	919-786-9623
Universal Mental Health Services, Inc. - Sellars Residential	Knightdale	https://umhs.net/services-we-offer	984-202-5852
United Support Services, Inc. - McConney Home	Wendell	https://www.ussnc.org/	704-841-3544
United Support Services, Inc - Terry's Safe Haven	Raleigh	https://www.ussnc.org/#	704-841-3544
Universal Mental Health Services Inc. - McGee Care Home	Raleigh	https://umhs.net/	919-373-8971
Unlimited Care Management Services, Inc.	Raleigh	No website found	919-730-7734
VOCA Corporation of NC - Hickory Avenue Home	Holly Springs	No website found	919-552-5407
VOCA Corporation of NC - Mason Street	Apex	No website found	919-387-5881
VOCA Corporation of NC - Olive Home	Apex	No website found	919-387-7080
VOCA Corporation of NC - Creekway	Fuquay-Varina	No website found	919-552-4359
Victory Healthcare Services, Inc.	Raleigh	http://www.victoryhealthcareinc.com/	919-846-9027
Wake Enterprises - The Miller Building	Raleigh	http://wake-enterprises.org/	919-714-6100
Wake Enterprises, Inc.	Fuquay-Varina	http://wake-enterprises.org/	919-714-6100
Welwynn Outpatient Center	Raleigh	https://welwynn.com/	984-200-2780
Western Wake Treatment Center, LLC	Apex	https://www.apexmethadonetreatment.com/	919-629-4360
Wilkins Home	Zebulon	No website found	919-269-0918
Wilmington Treatment Center	Raleigh	https://www.wilmingtontreatment.com/	855-978-0266
YES Program Services	Raleigh	No website found	919-872-6220
YES- Emergency Shelter	Raleigh	https://interactofwake.org/whatwedo/emergency-shelter/	919-828-8304

*These facilities include:

- intermediate care facilities for individuals with intellectual disabilities (ICF/IID);
- group homes for children and adults with mental illness, developmental disabilities, and substance abuse issues; and,
- day services for children and adults with mental illness, developmental disabilities, and substance abuse issues.

Source: DHHS Licensed Facilities as of June 16, 2021

Mental Health & Substance Use Disorders	City	Website	Phone Number
Advance Community Health - Apex	Apex	https://www.advancechc.org/locations/apex/	919-833-3111
Advance Community Health - Cary	Cary	https://advancechc.org/locations/cary/	919-833-3111
Advance Community Health - Fuquay-Varina	Fuquay-Varina	https://www.advancechc.org/locations/fuquay-varina/	919-833-3111
Advance Community Health - Pediatrics	Raleigh	https://advancechc.org/services/pediatrics/	919-833-3111
Advance Community Health - Raleigh	Raleigh	https://advancechc.org/locations/raleigh/	919-833-3111
Advance Community Health - Horizon Healthcare for the Homeless at Oak City Cares	Raleigh	https://advancechc.org/locations/oak-city-cares/	919-833-3111
Wake County Health and Human Services - Cornerstone Center	Raleigh	https://www.wakegov.com/departments-government/housing-affordability-community-revitalization/find-services/cornerstone-center	919-508-0777
NAMI (National Alliance on Mental Illness)	Raleigh	https://naminc.org/	919-788-0801
Monarch (Walk-in Mental Health Clinics)	Raleigh	https://monarchnc.org/service-locations/?_sfm_county=Wake	919-856-4703
Monarch (Walk-in Mental Health Clinics)	Zebulon	https://monarchnc.org/service-locations/?_sfm_county=Wake	919-375-4453
Monarch (Walk-in Mental Health Clinics)	Cary	https://monarchnc.org/service-locations/?_sfm_county=Wake	919-650-3325
Monarch (Walk-in Mental Health Clinics)	Wake Forest	https://monarchnc.org/service-locations/?_sfm_county=Wake	919-263-9365
Monarch (Walk-in Mental Health Clinics)	Fuquay-Varina	https://monarchnc.org/service-locations/?_sfm_county=Wake	919-567-0558
Fellowship Health Resources	Raleigh	https://www.fhr.net/	919-573-6555
Strategic Behavioral Center	Garner	https://www.sbcraleigh.com/	919-800-4400
Easter Seals UCP	Raleigh	https://www.easterseals.com/NCVA/	800-662-7119

Hope Services, LLC	Raleigh	http://www.hopeservices4u.com/	919-714-7500
The Healing Place of Wake County (Men's Facility)	Raleigh	https://healing-transitions.org/	919-838-9800
Healing Transitions (Women's Facility)	Raleigh	https://healing-transitions.org/	919-838-9800
Holly Hill Hospital	Raleigh	https://hollyhillhospital.com/	919-250-7000
Recovery Communities of North Carolina	Raleigh	https://www.rcnc.org/	919-231-0248
SouthLight Adult Services	Raleigh	https://www.southlight.org/	919-787-6131
Triangle Family Services	Raleigh	https://tfsnc.org/	919-821-0790
Catholic Diocese of Raleigh	Raleigh	https://dioceseofraleigh.org/	984-900-3200
Raleigh-Cary Jewish Family Services	Raleigh	www.raleighcaryjfs.org	919-676-2295
The Lucy Daniels Center, SecurePath	Cary	https://www.lucydanielscenter.org/securepath/	919-677-1400
UNC Health Care Alcohol and Drug Detoxification Unit at WakeBrook	Raleigh	https://www.uncmedicalcenter.org/uncmc/hospitals-locations/profile/unc-health-care-alcohol-and-drug-detoxification-unit-at-wakebrook/	984-974-4800
UNC Health Care Facility Based Crisis at WakeBrook	Raleigh	https://www.uncmedicalcenter.org/uncmc/hospitals-locations/profile/unc-health-care-facility-based-crisis-services-at-wakebrook/	984-974-4913
Welwynn Outpatient Center	Raleigh	https://welwynn.com/substance-abuse-treatment-raleigh-nc/	984-200-2780

Source: 2019 Wake County CHNA, Google Search

Dental Services	City	Website	Phone Number
Advance Community Health - Dental	Raleigh	https://advancechc.org/services/dental/	919-833-3111
Delta Dental of North Carolina	Raleigh	https://northcarolina.deltadental.com/	800-662-8856
Wake County Public Health Center, Sunnybrook	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/sunnybrook	919-212-7000
Wake Smiles	Raleigh	https://www.wakesmiles.org/	919-390-6497
Wake Tech Dental Hygiene	Raleigh	https://www.waketech.edu/programs-courses/credit/dental-hygiene/patient-information	919-747-0126

Source: 2019 Wake County CHNA, Google Search

Eye Care	City	Website	Phone Number
Division of Services for the Blind	Raleigh	https://www.ncdhhs.gov/divisions/services-blind	919-527-6700
Medical Eye Care	Raleigh	https://www.ncdhhs.gov/assistance/vision-	No number listed

Program		loss/medical-eye-care-program	
NC Eyes Vision NC	Raleigh	https://www.nceyes.org/visionusa	919-977-6964
Prevent Blindness NC	Raleigh	https://nc.preventblindness.org/	919-755-5044
Wake County Health and Human Services, Swinburne	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/swinburne	919-212-7000

Source: 2019 Wake County CHNA, Google Search

Pregnancy and Child Care	City	Website	Phone Number
Birthchoice	Raleigh	https://birthchoicewake.org/	919-781-5433
Care Coordination for Children	Raleigh	https://www.ncdhhs.gov/infant-plan-safe-care/care-coordination-for-children	1-800-662-7030
Community Partnerships, Inc.	Raleigh	https://www.communitypartnerships.org/	919-781-3616
Early Head Start Home Visiting Program	Raleigh	https://www.smartstart.org/tag/early-head-start/	919-821-7999
NC Division of Child Development and Early Education	Raleigh	https://ncchildcare.ncdhhs.gov/	919-814-6300
NC DHHS Pregnancy Services	Raleigh	https://www.ncdhhs.gov/assistance/pregnancy-services/pregnancy-services	1-800-662-7030
Nurse-Family Partnership	Raleigh	https://www.nursefamilypartnership.org/	866-864-5226
Planned Parenthood	Raleigh	https://www.plannedparenthood.org/	919-833-7526
Sacred Heart Catholic Church	Raleigh	https://www.raleighcathedral.org/content.cfm?id=630	919-832-6030
Safechild NC	Raleigh	https://safechildnc.org/	919-743-6140
Wake Connections	Raleigh	https://wakeconnections.org/	919-851-9550
Wake County Child Care Subsidy Program		https://www.wakegov.com/departments-government/human-services/children-and-family-services/child-care-subsidy	919-212-7052
Wake County Health Department	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/sunnybrook	919-212-7000
WakeMed Pregnancy and Childbirth Resources	Raleigh	https://www.wakemed.org/care-and-services/womens/pregnancy-and-childbirth/pregnancy-and-childbirth-resources	919-350-8000
Your Choice Pregnancy Clinic	Raleigh	https://yourchoicepregnancyclinic.com/	919-758-8444
Your Choice Pregnancy Clinic	Fuquay-Varina	https://yourchoicepregnancyclinic.com/	919-577-9050

Source: 2019 Wake County CHNA, Google Search

Emergency Medical Services (EMS) Stations	City
Apex Main Station	Apex
Apex South Station	Apex
Bethany Church Station	Wendell
Cary Main Station	Cary

Cary North Station	Cary
Cary South Station	Cary
Cary West Station	Cary
Downtown Station	Raleigh
Durant Station	Raleigh
E Raleigh Station	Raleigh
Fairgrounds Station	Raleigh
Fairview EMS Station	Cary
Fuquay Station	Fuquay-Varina
Garner East Station	Garner
Garner Main Station	Garner
Garner South Station	Garner
Garner South Station	Garner
Highwoods Station	Raleigh
Hilltop Station	Fuquay-Varina
Holly Springs Station	Holly Springs
Holly Springs Station	Holly Springs
Knightdale Main Station	Knightdale
Knightdale South Station	Knightdale
Knightdale West Station	Wendell
Mini City Station	Raleigh
Morrisville Station	Morrisville
NC State Station	Raleigh
New Hope Station	Raleigh
North Hills Station	Raleigh
Pleasant Valley Station	Raleigh
RDU Airport Station	Raleigh
Rolesville Main Station	Rolesville
Six Forks Main Station	Raleigh
Six Forks North Station	Raleigh
St. Augustine's Station	Raleigh
Stony Hill Station	Raleigh
Wake Forest South Station	Wake Forest
Wake Forest Station	Wake Forest
Wakebrook Station	Raleigh
Wendell Main Station	Wendell
Whitaker Mill Station	Raleigh
Zebulon Station	Zebulon

Source: Open Data Raleigh, EMS Stations as of October 14, 2020, <https://data-wake.opendata.arcgis.com/datasets/ems-stations/explore?location=35.782147%2C-78.606462%2C3.80&showTable=true>

Community Services

Wake County Health and Human Services Locations	City	Website	Phone Number
Community Services Center	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/additional-human-services-locations	No number listed
Cornerstone Center	Raleigh	https://www.wakegov.com/departments-government/housing-affordability-community-revitalization/find-services/cornerstone-center	919-508-0777
Crisis Stabilization Center	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/additional-human-services-locations	984-974-4800
Crosby-Garfield Center	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/crosby-garfield-center	919-857-9243
Eastern Regional Center	Zebulon	https://www.wakegov.com/departments-government/human-services/human-services-locations/eastern-regional-center	919-404-4028
Falstaff Human Services Center	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/additional-human-services-locations	No number listed
Human Services Center at Departure	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/human-services-center-departure	919-431-4034
Human Services Center Somerset	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/human-services-center-somerset	No number listed
Larry B. Zieverink, Sr. Center	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/additional-human-services-locations	919-212-8387
Millbrook Human Services Center	Raleigh	No website found	919-431-4000
Northern Regional Center	Wake Forest	https://www.wakegov.com/departments-government/human-services/human-services-locations/northern-regional-center	919-562-6300
South Wilmington Street Center	Raleigh	https://www.wakegov.com/departments-government/housing-affordability-community-revitalization/find-services/south-wilmington-street-center	919-857-9428
Southern Regional Center	Fuquay-Varina	https://www.wakegov.com/departments-	919-557-1002

		government/human-services/human-services-locations/southern-regional-center	
Swinburne	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/swinburne	919-212-7000
UNC Health Care Addiction Treatment Center at Wakebrook	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/additional-human-services-locations	984-974-4800
Wake County Courthouse	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/additional-human-services-locations	No number listed
Wake County Public Health Center, Sunnybrook	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/sunnybrook	919-212-7000
WakeBrook	Raleigh	https://www.uncmedicalcenter.org/uncmc/care-treatment/mental-health/unc-hospitals-at-wakebrook/	800-510-9132
Wake House Visitation Center	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/wake-house-visitation-center	919-856-7019
Waverly F. Akins Building (W.C. Office Bldg.)	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/additional-human-services-locations	No number listed
Western Human Services Center	Cary	https://www.wakegov.com/departments-government/human-services/human-services-locations/western-human-services-center	919-461-4600

Source: Wake County Health and Human Services, 2019 Wake County CHNA

Senior Resources, Centers and Programs	City	Website	Phone Number
Anne Gordon Center for Active Adults at Millbrook Exchange	Raleigh	https://raleighnc.gov/places/anne-gordon-center-active-adults	919-996-4720
Apex Senior Programs	Apex	https://www.apexnc.org/515/Senior-Adult-Programs	919-249-3507
Cary Senior Center	Cary	https://www.townofcary.org/recreation-enjoyment/facilities/senior-center	919-469-4081
Division of Aging and Adult Services	Raleigh	https://www.ncdhhs.gov/divisions/aging-and-adult-services	919-855-3400
Eastern NC Chapter of the Alzheimer's Association	Raleigh	https://www.alz.org/nc	800-272-3900
Eastern Wake Senior Center	Wendell	https://www.townofwendell.com/living/eastern-wake-senior-center	919-365-4248

Five Points Center for Active Adults	Raleigh	https://raleighnc.gov/places/five-points-center-active-adults	919-996-4730
Fuquay-Varina Senior Programs	Fuquay-Varina	Unsure about website	919-552-1430
Garner Senior Center	Garner	https://www.garnernc.gov/departments/parks-recreation-and-cultural-resources/parks-facilities/garner-senior-center	919-779-0122
North Carolina Assisted Living Association	Raleigh	https://www.ncala.org/	919-467-2486
Northern Wake Senior Center	Wake Forest	https://www.wakeforestnc.gov/northern-wake-senior-center	919-554-4111
Resources for Seniors	Raleigh	http://www.resourcesforseniors.com/	919-872-7933
Senior and Adult Services	Raleigh	https://www.wakegov.com/departments-government/human-services/programs-assistance/senior-and-adult-services	No number listed
Triangle J Area Agency on Aging	Durham	https://www.tjcog.org/aging	919-549-0551
Wake County Human Services, Swinburne	Raleigh	https://www.wakegov.com/departments-government/human-services/human-services-locations/swinburne	919-212-7000
Walnut Terrace Neighborhood Center	Raleigh	https://raleighnc.gov/places/walnut-terrace-center	919-996-6160

Source: 2019 Wake County CHNA, Wake Network of Care, Google Search

Recreation Resources

Parks & Recreation	City
American Tobacco Trail	Apex
Blue Jay Point County Park	Raleigh
Crowder County Park	Apex
Green Hills County Park	Raleigh
Harris Lake County Park	New Hill
Historic Oak View County Park	Raleigh
Historic Yates Mill County Park	Raleigh
Lake Crabtree County Park	Morrisville
Robertson Millpond Reserve	Wendell
Turnipseed Nature Preserve	Wendell
YMCA of the Triangle	Raleigh
Map of parks and trails available from Wake County Government: https://www.wakegov.com/departments-government/parks-recreation-and-open-space/all-parks-trails	

Source: Wake County Parks & Recreation, Parks, Trails & Greenways.

Homeless/Emergency Shelter Resources

Homeless/Emergency Shelters and Resources	City	Website	Phone Number
AME Men's Shelter	Raleigh	No website found	919-824-3734
Cornerstone Center	Raleigh	https://www.wakegov.com/departments-government/housing-affordability-community-revitalization/find-services/cornerstone-center	919-508-0777
Easter Seals UCP of North Carolina	Raleigh	https://www.easterseals.com/NCVA/	800-662-7119
HADIT Home for Veterans	Raleigh	https://www.hadithome.org/comforts-of-home/	919-924-4738
Healing Transitions (Men's Facility)	Raleigh	https://healing-transitions.org/	919-838-9800
Healing Transitions (Women's Facility)	Raleigh	https://healing-transitions.org/	919-838-9800
Interact of Wake County	Raleigh	https://interactofwake.org/	919-828-7501
PLM Families Together	Raleigh	https://familiesaltogethernc.org/	919-212-1123
Raleigh Wake Partnership to End and Prevent Homelessness	Raleigh	https://partnershipwake.org/	919-443-0098
Raleigh Rescue Mission	Raleigh	https://www.raleighrescue.org/	919-828-9014
Salvation Army	Raleigh	https://www.salvationarmycarolinas.org/wakecounty/	919-779-8867
South Wilmington Street Center	Raleigh	https://www.wakegov.com/departments-government/housing-affordability-community-revitalization/find-services/south-wilmington-street-center	919-857-9428
The Helen Wright Center for Women	Raleigh	https://urbanmin.org/services/shelter/	919-833-0332
Wake Interfaith Hospitality Network Day Center	Raleigh	https://www.familypromisewake.org/	919-832-6024
Wrenn House (Haven House)	Raleigh	https://www.havenhousenc.org/wrennhouse/	919-833-3312

Source: 2019 Wake County CHNA, Google Search

Transitional Housing Resources

Housing - Transitional Housing	City	Website	Phone Number
Christian Life Home	Raleigh	https://www.christianlifehome.org/	919-510-5400
Dorothy Mae Hall Women's Center	Wendell	https://dmhwc.org/	919-371-8523
Emmaus House	Raleigh	https://emmaushouseofraleigh.org/	919-327-2229
Fellowship Home of Raleigh	Raleigh	http://www.fellowshiphome.org/	919-833-6030
Harriet's House	Raleigh	No website found	919-834-0666
Hustead House	Raleigh	No website found	919-787-8129
In Our Shoes, Inc.	Raleigh	http://www.inourshoesinc.org/index.html	No number listed
Incentive Housing Dormitory	Raleigh	No website found	919-856-6109
Lutheran Services Carolinas	Raleigh	https://lscarolinas.net/	919-832-2620
NC Coalition Against Sexual Assault	Raleigh	https://nccadv.org/	828-488-5572
Oxford House (multiple locations)	Multiple sites	https://oxfordhouse.org/userfiles/file/	919-812-8282
Pan Lutheran Ministries	Raleigh	No website found	919-212-1123
Passage Homes	Raleigh	https://www.passagehome.org/	919-834-0666
Southlight Healthcare	Raleigh	https://www.southlight.org/	919-787-6131
St. Paul's AME Men's Empowerment Center	Raleigh	No website found	919-834-3734
The Caring Place	Cary	https://www.thecaringplace.org/	919-462-1800
Women's Center of Wake County	Raleigh	https://www.wcwc.org/	919-829-3711

Source: 2019 Wake County CHNA, Google Search

Transportation Resources

Transportation	City	Website	Phone Number
Allen's Transportation Services in Wake County	Raleigh	No website found	919-610-3285
Center for Volunteer Caregiving	Cary	https://volunteercaregiving.org/	919-460-0567
GoCary	Cary	https://gocary.org/	919-485-7433
GoRaleigh Access	Raleigh	https://raleighnc.gov/go-raleigh-access	919-996-3459
GoTriangle	Raleigh	https://gotriangle.org/	919-485-7433
GoWake Access	Raleigh	https://www.wakegov.com/departments-government/human-services/programs-assistance/gowake-access-transportation	919-212-7005
Kingdom Transportation	Raleigh	https://www.kingdomtransportation.com/	919-231-0707
Regional Transportation Alliance	Raleigh	https://www.raleighchamber.org/rta.html	919-664-7062
Resources for Seniors, Inc.	Raleigh	http://www.resourcesforseniors.com/	919-872-7933
Travelers Aid (Cornerstone)	Raleigh	https://www.travelersaid.org/blog/tai-members/travelers-aid-cornerstone-wake/	919-212-7000
Wake Coordinated Transportation Services	Raleigh	No website found	919-996-4444
Wheels 4 Hope	Raleigh	https://wheels4hope.org/	919-832-1941
Wolfline	Raleigh	https://transportation.ncsu.edu/riding-the-wolfline-bus/	919-515-9653

Source: 2019 Wake County CHNA, Google Search

Veterans Services

Veterans Services	City	Website	Phone Number
CASA NC	Raleigh	https://www.casanc.org/	919-754-9960
Help NC Vets	Raleigh	https://helpncvets.org/	1-800-273-8255
NC Department of Military and Veterans Affairs	Raleigh	https://www.milvets.nc.gov/	844-624-8387
NCServes Central Carolina	Raleigh	https://raleigh.americaserves.org/	1-866-249-6656
Raleigh VA Clinic	Raleigh	https://www.va.gov/find-locations/facility/vha_558GB	919-212-0129
The Raleigh Vet Center	Raleigh	https://www.va.gov/directory/guide/facility.asp?ID=5442	919-361-6419
Veterans Life Center North Carolina	Raleigh	https://vlcnc.org/	919-803-5516
Wake County Health and Human Services Veterans Services	Raleigh	https://www.wakegov.com/departments-government/veterans-services	919-268-7456
Women Veterans Support Services, Inc.	Raleigh	https://www.wvss-nc.org/wp/	919-894-1012

Source: 2019 Wake County CHNA, Google Search

Youth Services Resources

Youth Services	City	Website	Phone Number
100 Black Men of Triangle East	Raleigh	https://100bmte.org/	No number listed
Backpack Tutoring	Raleigh	https://backpacktutoring.weebly.com/index.html	919-800-8787
Big Brother Big Sister	Morrisville	http://bigstri.org/	919-850-9772
Brentwood Club	Raleigh	https://wakebgc.org/brentwood-club/	919-790-8284
Camp SWAG (Students with Ambitions & Goals)	Cary	https://cswag.org/	919-443-5866
City of Raleigh Parks and Recreation	Raleigh	https://raleighnc.gov/parks-recreation-and-cultural-resources	919-966-3285
Clubs in the City Youth Development	Raleigh	https://clubsinthecity.org/programs	919-602-2475
Community Music School	Raleigh	https://cmsraleigh.org/	919-832-0900
Haven House - Main Office	Raleigh	https://www.havenhousenc.org/	919-833-3312
Haven House - Wrenn House	Raleigh	https://www.havenhousenc.org/wrennhouse/	919-832-7866
Kids Peace	Raleigh	https://www.kidspeace.org/	919-872-6447
NC Theatre 4 Change	Raleigh	https://nctheatre.com/	919-831-6941
NCWorks Apprenticeship	Raleigh	https://www.ncworks.gov/gsipub/index.asp?docid=37	855-629-6757
Neighbor to Neighbor Outreach	Raleigh	https://www.n2noutreach.org/	919-833-7218
Neighborhood Ecology Corps	Raleigh	https://www.centerforhuman-earthrestoration.com/neighborhood-ecology-corps/html	919-270-8876
Passage Homes Youth Development	Raleigh	https://www.passagehome.org/	919-834-0666
Raleigh Boys Club	Raleigh	https://wakebgc.org/	919-834-6282
Raleigh Girls Club	Raleigh	https://wakebgc.org/	919-834-6283
Raleigh Youth Council (RYC)	Raleigh	https://raleighnc.gov/services/parks/teen-program#paragraph--221511	919-996-2139
Ruth's Promises 4 Youth, Inc.	Cary	https://ruthspromises4youth.com/	919-244-0757
Saint Monica Teen Center	Raleigh	https://www.salvationarmycarolinas.org/wake-county/community-center/	919-996-4770
Salvation Army Red Shield Club	Raleigh	https://www.salvationarmycarolinas.org/wake-county/community-center/	919-834-6733
The Club Teen Center	Raleigh	https://wakebgc.org/the-club-teen-center/	919-250-3595
The Institute for Mathematics and Computer Science (IMACS of NC)	Raleigh	https://www.imacs.org/	919-786-0246
TOPS (Teen Outreach Programs)	Raleigh	https://raleighnc.gov/services/parks/teen-program	919-996-2141

Wake Forest Club	Wake Forest	https://wakebgc.org/wake-forest-club/	919-556-7266
Wake Harvest Youth Mentorship Program	Raleigh	https://wakeharvest.com	919-561-9740
Washington Street Elementary School	Raleigh	https://www.wcpss.net/washingtanes	919-856-7960
YMCA of the Triangle	Raleigh	https://www.ymcatriangle.org/	919-719-9622
Youth Advocacy and Involvement Office	Raleigh	https://ncadmin.nc.gov/about-doa/divisions/council-women-youth-involvement	919-807-4400
Youth & 4-H	Raleigh	https://www.wakegov.com/4-h-youth-development	919-250-1100
Youth Empowered Solutions	Raleigh	https://psequity.org/yes-for-equity/	919-212-4231
Youth Thrive	Raleigh	http://youth-thrive.org/	919-463-5005
Zebulon Club	Zebulon	https://wakebgc.org/zebulon-club/	919-404-1087

Source: 2019 Wake County CHNA and Google Search

Food Access Resources

Food Pantries and Meals	City	Website	Phone Number
A Place Called Hope	Garner	https://www.apchchurch.org/hope-pantry	919-662-8019
Alliance of AIDS Services Carolina	Raleigh	https://www.aas-c.org/	919-834-2437
Bethlehem Baptist Church	Raleigh	No website found	919-847-5219
Burning Bush Ministries Food Pantry	Garner	No website found	919-662-4004
Brooks Avenue Church of Christ	Raleigh	https://brooksave.org/	919-821-2400
Capital City Christian Church	Raleigh	No website found	919-851-5986
Catholic Parish Outreach	Raleigh	https://www.catholiccharitiesraleigh.org/cpo/	919-873-0245
Celebration Church Food Pantry	Raleigh	https://www.celebrationchurchnc.com/	919-954-8800
Centro Cristiano Emanuel	Raleigh	No website found	919-523-4167
Community of Hope Ministries	Garner	https://communityofhopeministries.org/ministries/food-pantry/	919-779-6679
Comunidad Cristiana Hosanna Food Bank	Raleigh	http://www.comunidadch.org/pages.asp?pageid=109268	919-834-4122
Covenant Life Church Food Pantry	Cary	https://clc.city/	919-615-1122
Crabtree Valley Baptist Church: Hope Pantry	Raleigh	https://www.crabtreevalleybaptist.org/missions/hope-pantry/	919-781-5345
Cristo La Solucion Food Pantry	Knightdale	No website found	919-790-0266
Dorcas Ministries	Cary	https://dorcascary.org/	919-469-9861
Faith in Action	Garner	No website found	919-803-4838
Faith Missionary Baptist	Raleigh	No website found	919-601-7603

Church			
FEED Ministry: North Wake Church	Wake Forest	http://archive.northwake.com/ministries/feed-ministry/	919-556-1546
First Baptist Church	Raleigh	https://fbcraleigh.org/	919-832-4485
First Baptist Church – Garner	Garner	No website found	919-779-6679
First Cosmopolitan MBC Food Pantry	Raleigh	No website found	919-833-3283
First Worldwide Ministries	Raleigh	No website found	919-948-7003
Focus Church Food Pantry	Raleigh	https://focus.church/	919-335-5171
Food Bank of Eastern/Central NC	Raleigh	https://foodbankcenc.org/	919-875-0707
Fresh Manna Food Pantry: New Canaan Covenant Church	Raleigh	No website found	252-657-8810
Fuquay Emergency Food Pantry	Fuquay-Varina	https://www.fvfoodpantry.com/	919-552-7720
Garner Area Ministries	Garner	https://gam-nc.org/	919-771-9100
Gethsemane SDA Church	Raleigh	https://gethsemanesdachurch.org/	919-614-5106
Glory Cloud & Fire Ministries	Zebulon	https://www.glorycloudfire.com/ministries/food-bank/	919-269-5830
Greater Pentecostal Church	Raleigh	No website found	919-231-9982
Green Pines Baptist Church	Knightdale	https://greenpines.org/	919-266-1613
Grocers on Wheels	Raleigh	https://grocersonwheels.com/	919-578-8158
Hallelujah Soup Kitchen	Raleigh	No website found	919-995-2815
Hephzibah Baptist Church	Wendell	https://hbcwendell.com/	919-365-7847
Holly Springs Food Cupboard	Holly Springs	https://hsfoodcupboard.org/	919-577-2210
Hope Community Church	Raleigh	https://gethope.net/raleigh/	919-532-0620
Hope House	Wake Forest	https://www.hopehousewf.org/programs	919-263-1007
Iglesia De Dios Pentecostal	Raleigh	No website found	919-931-4887
Intercommunity Council Northpark Shared Pantry	Raleigh	No website found	919-301-8250
Inter-Faith Food Shuttle	Raleigh	https://www.foodshuttle.org/	919-250-0043
Islamic Association of Raleigh Food Pantry	Raleigh	No website found	919-834-9572
Joseph’s Hand	Raleigh	No website found	919-798-8510
Juniper Level Missionary Baptist Church	Raleigh	No website found	919-779-6401
Knightdale Memorial UMC	Knightdale	http://www.knightdaleumc.org/	919-266-2373
Longview United Methodist Church	Raleigh	No website found	919-834-7554
Martin Street Baptist Church	Raleigh	https://www.martinstreetbaptist.org/	919-833-9756
Mary’s Pantry: NC A. Philip Randolph Institute	Raleigh	No website found	919-833-6671

Meals on Wheels	Raleigh	https://www.wakemow.org/	919-833-1749
Millbrook United Methodist Church	Raleigh	https://millbrookumc.org/food-pantry	919-876-0865
NC State University – Feed the Pack	Raleigh	https://feedthepack.dasa.ncsu.edu/	No number listed
New Bethel Baptist Church	Rolesville	https://www.newbethelrolesville.org/food-pantry.html	919-556-5395
New Bethel Christian Church	Raleigh	https://newbethelcc.com/	919-231-6351
New Fellowship Ministry	Holly Springs	No website found	919-362-9100
New Freedom Christian Fellowship	Raleigh	https://www.newfreedomchristian.org/ministries	919-601-2352
North Haven Church	Raleigh	https://northhavenraleigh.org/share/	919-847-4291
North Raleigh Ministries	Raleigh	https://northraleighministries.com/	919-844-6676
Oak City Outreach Center	Raleigh	https://oakcitycares.org/	984-344-9599
Open Door Food Pantry	Raleigh	https://www.opendoorlife.com/for-the-community/	919-847-6969
Pleasant Grove Baptist Church	Wendell	https://www.pleasantgrovewendell.org/food-pantry/	919-365-7292
Poplar Springs Christian Church	Raleigh	https://poplar-springs.org/events/	919-772-5151
Raleigh-Cary Jewish Family Services	Raleigh	www.raleighcaryjfs.org	919-676-2295
Raleigh Church of Christ	Raleigh	https://www.raleighchurchofchrist.org/ministries/	919-852-5683
Raleigh Vineyard Christian Fellowship	Raleigh	https://www.raleighvineyard.org/food-pantry	919-790-0001
Revelation Missionary Baptist Church	Raleigh	https://revelationmbc.wixsite.com/raleigh/about_us	919-828-9292
Richland Creek Community Church	Raleigh	https://richlandcreek.com/food/	414-708-1310
Riley Hill Baptist Church	Wendell	https://www.rileyhillbaptistchurch.org/	919-365-5277
Salvation Army	Raleigh	https://www.salvationarmycarolinas.org/wakecounty/	919-834-6733
Shaw University	Raleigh	No website found	919-546-8522
Shepherd's Table Soup Kitchen	Raleigh	http://www.shepherds-table.org/	919-831-2010
St. Augustine's University	Raleigh	https://www.st-aug.edu/student-food-pantry/	919-516-4580
St. Mary's AME Church	Apex	https://stmaryamechurch.org/category/news_events/	919-362-0076
St. James Food Pantry	Raleigh	No website found	919-876-5796
State Street Community Church	Raleigh	https://statestreetcommunitychurch.org/	919-828-3746
Straightway Temple Ministries	Zebulon	No website found	919-269-5070
Swift Creek Baptist Church	Raleigh	No website found	919-851-0112

The O'Neal Revival Tabernacle	Zebulon	https://onealtabernacle.org/	919-375-4275
The Point Church	Raleigh	https://pointchurch.brushfire.com/care-pantry/470458	919-375-4275
The Women's Center	Raleigh	https://www.wcwc.org/	919-829-3711
Tri-Area Ministries	Wake Forest	https://triareaministry.com/	919-556-7144
Universal Outreach	Wake Forest	No website found	919-327-7702
Upper Room Church	Raleigh	No website found	919-829-6160
Urban Ministries Crisis Intervention Center	Raleigh	https://urbanmin.org/	919-836-1642
Wake Chapel Church Meal Barrel	Raleigh	https://www.wakechapel.org/	919-872-7776
Wake Forest Mobile Market	Wake Forest	No website found	919-931-2014
Wake Relief	Raleigh	https://wakerelief.org/	919-833-6400
Wake Tech: The Nest	Raleigh	https://www.waketech.edu/student-services/student-advocacy/the-nest	919-866-5000
Wendell United Methodist Church	Wendell	https://wendellumc.org/missions-outreach/	919-365-6266
Western Wake Crisis Ministries	Apex	https://wwcm.org/	919-362-0657
White Oak Foundation, Inc.	Apex	https://www.wofnc.org/food_pantry	919-362-6768
With Love from Jesus	Raleigh	https://www.withlovefromjesus.org/	919-233-8010
Word of God Fellowship Church	Raleigh	https://www.wofgc.org/	919-834-1141
Zebulon Baptist Church	Zebulon	No website found	772-360-5862
Zina Christian Church Center	Raleigh	http://www.visitzcc.org/	919-954-9190

Source: 2019 Wake County CHNA, Google Search

Educational Resources

Educational Resources	City	Website	Phone Number
Childcare Subsidy	Raleigh	https://www.ncdhhs.gov/assistance/childrens-services/child-care-subsidy	800-662-7030
Division of Child Development and Early Education	Raleigh	https://ncchildcare.ncdhhs.gov/	919-814-6300
Early Intervention Infant-toddler B2 Program	Raleigh	https://beearly.nc.gov/	919-707-5520
East Wake Education Foundation	Wendell	http://www.eastwakeeducationfoundation.org/	919-366-5901
Family Literacy Program	Raleigh	https://triangleliteracy.org/	919-787-5559
Family Resource Center	Raleigh	https://frcsa.org/	919-834-9300
Forest Hills Baptist Church – Preschool	Raleigh	https://www.foresthills.org/ministry/pages/connections-preschool	919-828-6161
Goodwill Industries of	Raleigh	https://www.gienc.org/	919-941-9600

Eastern North Carolina			
HIPPYUSA	Raleigh	https://frcsa.org/	919-834-9300
Hispanic Family Center	Raleigh	https://www.catholiccharitiesraleigh.org/cpfh/	919-873-0094
Lifelong Learning with Community Schools	Raleigh	https://cs.wcpss.net/index.php?route=lllcontroller	919-694-0559
Lucy Daniels Center for Early Childhood	Cary	https://www.lucydanielscenter.org/	919-677-1400
NC Head Start Office	Raleigh	http://headstartnc.org/	866-437-9067
NC Pre-Kindergarten	Multiple sites	https://ncchildcare.ncdhhs.gov/Home/DCDEE-Sections/North-Carolina-Pre-Kindergarten-NC-Pre-K	919-814-6300
Office of Early Learning/Preschool Services (WCPSS)	Multiple sites	https://www.wcpss.net/Page/38132	919-431-7400
Parents as Teachers	Raleigh	https://www.wcpss.net/domain/13967	919-856-7774
Pre-K Title 1	Cary	https://www.wcpss.net/Page/26933	919-431-7400
Project Enlightenment	Raleigh	https://www.wcpss.net/projectenlightenment	919-856-7774
Ready to Learn Centers (through WCPSS)	Multiple sites	https://www.wcpss.net/domain/13975	919-250-4750
School Health Advisory Council	Statewide	https://sites.google.com/dpi.nc.gov/nchealthyschools/wsc/school-health-advisory-council-shac	No number listed
STEM for Kids	Raleigh	https://t.stemforkids.net/nctriangle/	919-297-8366
WakeEd Partnership – FAST	Raleigh	https://www.wakeed.org/fast/	919-821-7609
Wake Connections	Raleigh	https://wakeconnections.org/	919-851-9550
Wake County Board of Education	Raleigh	https://www.wcpss.net/schoolboard	919-431-7400
Wake County Smart Start	Raleigh	https://www.wakesmartstart.org/	919-851-9550
Wake Cross Roads Baptist Church - Preschool	Raleigh	https://wakecrossroads.com/preschool-tck/	919-266-2957
Wake Forest Charter Academy	Wake Forest	https://www.nhaschools.com/schools/wake-forest-charter-academy/en	919-263-8673

Source: 2019 Wake County CHNA, Google Search

Educational Resources - Colleges/Universities	City	Website	Phone Number
Campbell Law School	Raleigh	https://law.campbell.edu/	919-865-4650
ECPI College of Technology	Raleigh	https://www.ecpi.edu/	1-844-334-4466
Meredith College	Raleigh	https://www.meredith.edu/	919-760-8600
Miller Motte Technical College	Raleigh	https://www.miller-motte.edu/	800-705-9182
North Carolina State University	Raleigh	https://www.ncsu.edu/	919-515-2011
Saint Augustine’s University	Raleigh	https://www.st-aug.edu/	919-516-4000
Shaw University	Raleigh	https://www.shawu.edu/	919-546-8200

Strayer University	Raleigh	https://www.strayer.edu/	877-445-7180
Wake Technical Community College	Raleigh	https://www.waketech.edu/	919-866-5420
William Peace University	Raleigh	https://www.peace.edu/	919-508-2000

Employment Resources	City	Website	Phone Number
Capital Area Workforce Development	Raleigh	https://capitalareancworks.com/	No number listed
Culinary Job Training Program	Raleigh	https://www.foodshuttle.org/	919-256-3880
Goodwill Industries	Raleigh	https://www.gienc.org/ourstores	919-556-3435
NC State Industrial Commission	Raleigh	https://www.ic.nc.gov/	919-716-1700
NC Triangle Apprenticeship Program	Raleigh	https://nctap.org/	919-946-7096
NCWorks Career Center @ Swinburne	Raleigh	https://next.ncworks.gov/career-center-locations/	919-856-6048
North Carolina Division of Services for the Blind	Raleigh	https://www.ncdhhs.gov/divisions/services-blind	919-527-6700
NuAngles	Wake Forest	https://www.nuangleshomecare.com/	984-235-7253
Passage Homes BOOST Workforce Development Program	Raleigh	https://www.passagehome.org/services/job-training/	919-834-0666
Step Up Ministries	Raleigh	https://www.stepupministry.org/	919-781-0156
Telamon	Raleigh	https://www.telamon.org/	919-851-7611
Vocational Rehabilitation Services	Raleigh	https://www.ncdhhs.gov/divisions/vocational-rehabilitation-services	919-579-5100
Wake Area Business Advisory Council	Raleigh	https://www.wakegov.com/departments-government/human-services/programs-assistance/employment-assistance/wake-area-business-advisory-council	919-212-7104
Works in the Triangle	Raleigh	https://www.workinthetriangle.com/	919-664-7071
Work First 200% Program (Wake County Health and Human Services)	Raleigh	https://www.wakegov.com/departments-government/human-services/programs-assistance/employment-assistance/work-first#:~:text=Work%20First%20is%20an%20employment,families%20in%20reaching%20self%2Dsufficiency.	919-212-7846

Source: 2019 Wake County CHNA, Google Search

Special Needs Resources	City	Website	Phone Number
ACI Support Specialist	Garner	https://www.dungarvin.com/locations/aci-dungarvin-north-carolina/	919-329-5671
A Small Miracle	Raleigh	https://www.asmallmiraclellc.com/	919-854-4400
Autism Society of North Carolina	Raleigh	https://www.autismsociety-nc.org/	800-442-2762

Center for Parent Information and Resources (CPIR)	Raleigh	https://www.parentcenterhub.org/	973-642-8100
Community Partnerships Inc.	Raleigh	https://www.communitypartnerships.org/	919-781-3616
Disability Rights NC	Raleigh	https://disabilityrightsncc.org/	919-856-2195
Exceptional Children Division	Raleigh	https://ec.ncpublicschools.gov/	No number listed
Gigi's Playhouse	Raleigh	https://gigisplayhouse.org/raleigh/	919-307-3952
Going Full Circle	Fuquay-Varina	https://www.gfcircle.org/	919-557-5717
Helping Horse Therapeutic Riding Program	Raleigh	https://helpinghorse.org/	919-816-2103
Horses for Hope	Raleigh	https://www.horsesforhope.org/	919-906-3363
Lindley Habilitation	Cary	https://cbcare.com/north-carolina-locations/lindley/	919-390-2980
NC Children and Youth with Special Health Care Needs Help Line	Raleigh	https://publichealth.nc.gov/wch/families/helplines.htm	1-800-737-3028
NC Infant-Toddler Program	Raleigh	https://beearly.nc.gov/	919-707-5520
The Arc of the Triangle, Inc.	Raleigh	https://www.arctriangle.org/	919-942-5119
The Children with Special Health Care Needs Helpline	Raleigh	https://www.ncdhhs.gov/blog/dhhs-has-help-line-children-special-health-care-needs	1-800-737-3028
The Power of the Dream Inc	Raleigh	https://thepowerofthedream.org/	919-212-4238

Source: 2019 Wake County CHNA, Google Search

Government Resources

Government Resources	Website	Phone Number
Apex Chamber of Commerce	https://www.apexchamber.com/	919-362-6456
Apex Town Council	https://www.apexnc.org/150/Town-Council	919-249-3400
Cary Town Council	https://www.townofcary.org/mayor-council/town-council	919-469-4000
City of Raleigh Housing and Neighborhoods Department	https://raleighnc.gov/housing-and-neighborhoods	919-996-4330
City of Raleigh Parks and Recreation	https://raleighnc.gov/parks-recreation-and-cultural-resources	919-996-3285
Fuquay-Varina Board of Commissioners	https://www.fuquay-varina.com/	919-552-4947
Garner Town Council	https://www.garnernc.gov/government/town-council	919-772-4688

Greater Raleigh Chamber of Commerce	https://www.raleighchamber.org/	919-664-7000
Hispanic Chamber of Commerce	http://nchispanicchamber.org/Bienvenidos/en//	919-782-8764
Holly Springs Chamber of Commerce	https://www.hollyspringschamber.org/	919-567-1796
Holly Springs Economic Development	https://www.hollyspringsnc.us/1807/Economic-Development	919-557-3923
Holly Springs Town Council	https://www.hollyspringsnc.us/143/Mayor-Town-Council	919-552-6221
Knightdale Town Council	https://www.knightdalenc.gov/government/town-council	919-217-2225
Morrisville Town Council	https://www.townofmorrisville.org/government/meet-your-town-council	919-463-6200
NC DHHS	https://www.ncdhhs.gov/	1-800-662-7030
NC General Assembly	https://ncleg.gov/	919-733-4111
NC House of Representatives	https://ncleg.gov/House	919-733-4111
Office of Minority Health and Health Disparities	https://www.minorityhealth.hhs.gov/	1-800-444-6472
Raleigh City Council	https://raleighnc.gov/city-council	919-996-3050
Rolesville Board of Commissioners	https://www.rolesvillenc.gov/boards-commissions	919-556-3506
Town of Apex	https://www.apexnc.org/	919-249-3400
Town of Cary	https://www.townofcary.org/	919-469-4000
Town of Fuquay-Varina	https://www.fuquay-varina.org/	919-552-1400
Town of Garner	https://www.garnernc.gov/	919-772-4688
Town of Holly Springs	https://www.hollyspringsnc.us/	919-552-6221
Town of Knightdale	https://www.knightdalenc.gov/	919-217-2200
Town of Morrisville	https://www.townofmorrisville.org/	919-463-6200
Town of Rolesville	https://www.rolesvillenc.gov/	919-556-3506
Town of Wake Forest	https://www.wakeforestnc.gov/	919-435-9400
Town of Wendell	https://www.townofwendell.com/	919-365-4450
Town of Zebulon	https://www.townofzebulon.org/	919-269-7455

Wake County Board of Commissioners	https://www.wakegov.com/departments-governemnt/board-comissioners	919-856-6180
Wake County Community Services	https://www.wakegov.com/departments-government/community-services	919-743-4853
Wake County Department of Environmental Services	https://www.wakegov.com/departments-government/environmental-services	919-856-7400
Wake County Emergency Management	https://www.wakegov.com/departments-government/fire-services-emergency-management/emergency-management	919-856-7044
Wake County Government	https://www.wakegov.com/	919-856-6180
Wake County Human Service Board	https://www.wakegov.com/departments-government/human-services/about-human-services/human-services-board	No number listed
Wake County Health and Human Services	https://www.wakegov.com/departments-government/human-services	919-212-7000
Wake County Public Libraries	https://www.wakegov.com/departments-government/libraries	919-212-7930
Wake County Social and Economic Vitality	https://www.wakegov.com/departments-government/human-services/about-human-services/social-economic-vitality	No number listed
Wake County Planning	https://www.wakegov.com/departments-government/planning-development-inspections/planning	No number listed
Wake Forest Board of Commissioners	https://www.wakeforestnc.gov/board-commissioners	919-435-9413
Wake Forest Police Department	https://www.wakeforestnc.gov/police	919-554-6150
Wendell Board of Commissioners	https://www.townofwendell.com/government/meet-the-board	919-365-4450
Zebulon Board of Commissioners	https://www.townofzebulon.org/government/board-commissioners	919-269-7455

Other Community Resources

Other Community Resources	Website	Phone Number
Advocacy & Rural Health North Carolina Healthcare Association	https://www.ncha.org/	919-677-2400
Advocates for Health in Action	No website found	919-210-0310
AHEC, WakeMed Health and Hospitals	https://www.wakeahec.org/programs.htm	919-350-8000
Alice Aycock Poe Center for Health Education	https://www.poehealth.org/	919-231-4006
American Heart Association	https://www.heart.org/en/affiliates/north-	919-463-8300

	carolina/triangle	
American Red Cross of Eastern North Carolina	https://www.redcross.org/local/north-carolina/eastern-north-carolina.html	919-231-1602
Carolina Peace Center	https://carolinapeacecenter.com/	No number listed
Center for Volunteer Caregiving	https://volunteercaregiving.org/	919-460-0567
Color Me Healthy	https://www.colormehealthy.com/	919-515-9142
Community Campus Partnerships for Health	https://ccphealth.org/	919-714-8614
DHIC, Inc	https://dhic.org/	919-832-4345
Dorcas Ministries	https://dorcascary.org/	919-469-9861
Duke Cancer Institute Office of Health Equity	http://www.dukecancerinstitute.org/OHE	919-684-0409
Habitat for Humanity	https://www.habitatwake.org/	919-833-1999
Islamic Association of Raleigh	https://raleighmasjid.org/	919-834-9572
Jewish Federation of Raleigh-Cary	https://www.shalomraleigh.org/	919-676-2200
John Rex Endowment	https://www.johnrexendowment.org/	919-838-1110
Living Healthy with Chronic Disease, Living Healthy with Diabetes and Living Healthy with Chronic Pain Workshops	https://www.rexhealth.com/rh/care-treatment/heart-vascular/living-healthy-with-chronic-conditions-workshop/	919-784-4015
MetLife	https://www.metlife.com/	1-800-METLIFE
NC Cooperative Extension	https://wake.ces.ncsu.edu/	919-250-1100
North Carolina Center for Non-Profits	https://www.ncnonprofits.org/	919-790-1555
North Carolina Healthcare Association	https://www.ncha.org/	919-677-2400
North Carolina Medicaid and NC Health Choice Dental Provider List	https://medicaid.ncdhhs.gov/	888-245-0179
North Carolina Safety Net Dental Clinics	https://publichealth.nc.gov/oralhealth/services/safety-net.htm	919-707-5480
Passage Home	https://www.passagehome.org/	919-834-0666
Protus 3	https://protus3.com/	800-775-8584
QuitLine NC	https://www.quitlinenc.com/	1-800-784-8669
Raleigh-Cary Jewish Family Services	www.raleighcaryjfs.org	919-676-2295
Raleigh Midtown Rotary Club	https://www.rotaryclubraleighmidtown.org/	919-656-9573
Raleigh Promise	https://serpromise.org/	919-996-5697
Read and Feed	https://readandfeed.org/	919-463-9744
ReadyWake!	https://readywake.com/	919-996-3000
Restoration CDC, Inc.		919-556-2500
Rotary District 7710 North Carolina-USA	https://rotary7710.org/	No number listed
SAS	https://www.sas.com/en_us/home.html	1-800-727-0025
School Health Advisory Council	https://sites.google.com/dpi.nc.gov/nchealthyschools/wsc/school-health-advisory-council-shac	No number listed
State Employees' Credit Union	https://www.ncsecu.org/home.html	888-732-8562
The Blood Connection	https://thebloodconnection.org/	1-800-392-6551
The Fountain of Raleigh Fellowship	https://thefountainofraleigh.org/	919-848-5018
Triangle Area Red Cross	https://www.redcross.org/local/north-carolina/eastern-north-carolina/about-us/locations/triangle-area-chapter.html	919-231-1602

Triangle Family Services	https://tfsnc.org/	919-821-0790
Triangle Interfaith Alliance	https://interfaithalliance-nc.org/	No number listed
United Way of the Greater Triangle	https://www.unitedwaytriangle.org/	919-460-8687
Wake County Collaborative	No website found	919-651-8654
Wake County Medical Society	https://wakedocs.org/	919-783-0404
Wake County Medical Society Community Health Foundation	https://www.wcmschf.org/	919-819-6220
Warmth for Wake	https://www.wakegov.com/departments-government/human-services/programs-assistance/energy-assistance-help-heating-cooling-and-water/warmth-wake	No specific number
Word for Transformation Church and Outreach Center, Inc.	No website found	919-832-8016
YMCA of the Triangle	www.ymcatriangle.org/	919-719-9622

